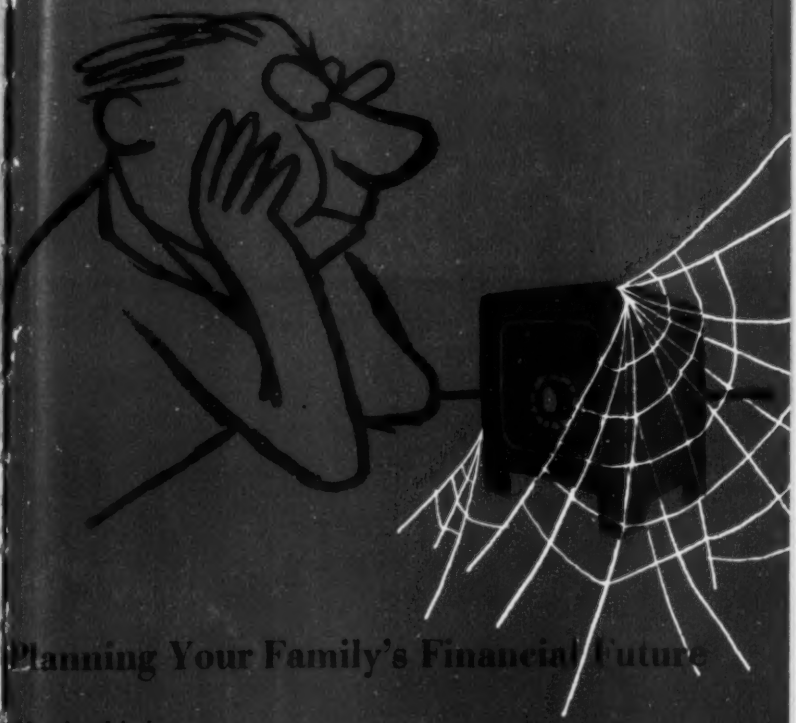
Medical Economics



Planning Your Family's Financial Future

Also in this issue:

Value Scale Promotes Fair Insurance Payments

What I Learned From Susan Pierce

Young Doctors Talk Back

In three carefully controlled clinical studies **204 of 240** patients who were treated with **Bentyl** obtained "gratifying to complete relief."[1-3] This was a group of **patients** that had **experienced** little or no benefit from other antispasmodics. It was gratifying to see Bentyl well tolerated, with almost **complete** freedom from side effects. Prescribe Bentyl for safe, fast **relief of nervous gut.**

Merrell
Since 1828

2 capsules t.i.d. 1. Hock, C.W.: J.M.A. Georgia 40:22-4, Jan. 1951. 2. Chamberlain, D.T.: Gastroent. 17:224-25, Feb. 1951. 3. Derome, L.: Canadian Med. Assn. J. 69:532, Nov. 1953.

Medical Economics

AN INDEPENDENT NATIONAL BUSINESS MAGAZINE FOR PHYSICIANS. JULY, 1956

SPECIAL FEATURES

MORE ▶

Published monthly and contents copyrighted 1956 by Medical Economics, Inc., Oradell, N.J. Price 50 cents a copy, $5 a year (Canada and foreign, $6). Circulation, 144,000 physicians. Accepted as a controlled circulation publication at the Post Office at Rutherford, N.J.

invitation to asthma?

not necessarily . . .

Tedral, taken at the first sign of attack, often forestalls severe symptoms.

relief in minutes . . . Tedral brings symptomatic relief in a matter of minutes. Breathing becomes easier as Tedral relaxes smooth muscle, reduces tissue edema, provides mild sedation.

for 4 full hours . . . Tedral maintains more normal respiration for a sustained period—not just a momentary pause in the attack.

Tedral provides:

Theophylline	2 gr.
Ephedrine HCl	⅜ gr.
Phenobarbital	⅛ gr.

in boxes of 24, 120 and 1000 tablets

Tedral®

WARNER-CHILCOTT

SPECIAL FEATURES *(Cont.)*

YOUR PRACTICE

YOUR FINANCES

MORE ▶

TMTD

New Soap Germicide Proved More Effective than Hexachlorophene

The medical profession will be pleased to learn of a new advance in the development of germicidal soaps. A bacteriostat-fungicide, incorporated several years ago into Lifebuoy soap, has demonstrated a marked superiority over Hexachlorophene in the control of skin pathogens.

This new soap germicide is Tetra-Methyl-Thiuram-Disulfide, usually abbreviated to TMTD. 1% TMTD-Lifebuoy has been proved significantly more effective than 2% Hexachlorophene soap against staphylococci normally resident on the skin—both staphylococcus aureus, responsible for formation of perspiration odor, and staphylococcus albus, responsible for the growth and spread of surface skin blemishes.

In addition, 1% TMTD-Lifebuoy is extremely effective in three areas in which 2% Hexachlorophene soaps have little or no value:

1. Against such "gram negative" organisms as E. coli, which may under certain circumstances present a problem in skin health.

2. Against pathogenic fungi, such as those responsible for athlete's foot and ringworm.

3. TMTD retains its effectiveness in the presence of blood serum—Hexachlorophene loses its effectiveness.

Lifebuoy with TMTD offers other advantages which will be of interest to you. For a full report on the medical significance of the new TMTD-Lifebuoy, as well as a free full size sample cake, simply mail in the coupon below.

LEVER BROTHERS COMPANY
DEPT. 511, 390 PARK AVE.
NEW YORK 22, N. Y.

Please send me the following free Lifebuoy material:
☐ TMTD booklet ☐ Free sample bar of Lifebuoy with TMTD

NAME _____
(Please write plainly or use printed label)

STREET _____

CITY _____ STATE _____

Offer limited to U. S. and possessions.

YOUR FINANCES (*Cont.*)

SHORT FEATURES

DEPARTMENTS

MORE ▶

announcing

Cytomel*

a new agent for treatment of

metabolic insufficiency

Because it exerts its metabolic effect directly at the cellular level, 'Cytomel' offers the first positive treatment for the many clinical problems caused by metabolic insufficiency—such as physical sluggishness, slowed-down mental capacity and decreased emotional control, and decreased function in various organs and organ systems.

'Cytomel' works swiftly—a positive effect will often be seen within several days in patients suffering from metabolic insufficiency.

'Cytomel' Tablets are available in two strengths: 5 mcg. and 25 mcg. of L-triiodothyronine, S.K.F., as the sodium salt. In bottles of 100.

*Trademark for L-triiodothyronine, S.K.F.

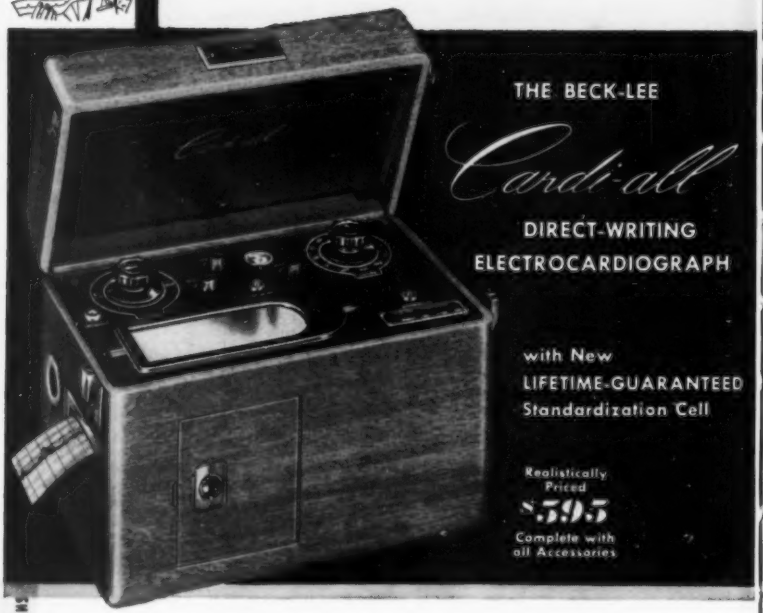
Smith, Kline & French Laboratories, Philadelphia

NEWS

VIEWS

MORE ▶

New impressive performance...
New distinguished appearance



WORLD'S LARGEST EXCLUSIVE MANUFACTURER OF ELECTROCARDIOGRAPHS

***New*—Solid Mahogany Cabinet**
Rich hand-rubbed finish in choice of Blonde (illustrated) or Natural Mahogany—exclusive with Cardi-all!

***New*—Standardization Cell Guaranteed for Life**
Unbreakable, leak-proof — impervious to extremes of temperature and climate. Exclusive with Cardi-all!

***New*—Paper Compartment Light**
For easier reading while recording . . . also serves as on-off pilot light.

Compare Cardi-all on all these points!

- *Clinical Accuracy*
- *Simplicity of Operation*
- *Freedom from Maintenance Cares*
- *10-Second Paper Loading*
- *Automatic Controls*
- *Realistically Priced at $595*

Completely Portable! Weighs less than other EKG instruments — a vital factor for versatile use in office, hospital, or patient's home.

INFORMATION REQUEST

For full information on the Beck-Lee "Cardi-all", clip this coupon to your letterhead and mail to: Dept. ME 756

BECK-LEE
CORPORATION
630 W. Jackson Blvd.
Chicago 6, U.S.A.

Editor: William Alan Richardson

Executive Editor: R. Cragin Lewis

Copy Editor: Donald M. Berwick

Contributing Editor: Henry A. Davidson, M.D.

Associate Editors: Lois Hoffman

Arthur M. Owens, Thomas J. Owens

Edwin N. Perrin, Hugh C. Sherwood

Research Director: Lois R. Chevalier

Research Associate: Annette Van Howe

Administrative Editor: Marguerite Hecking

Editorial Contributors: Helen Milius, Claron Oakley

Art Director: Joseph Coleman

Art Associate: Jane Theberge

Publisher: Lansing Chapman

General Manager: W. L. Chapman Jr.

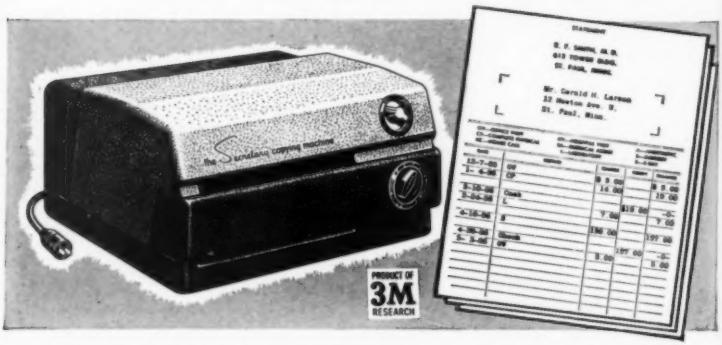
Co-Sales Managers: Douglas B. Stearns, Phillips T. Stearns

Production Manager: J. E. Van Hoven

BPA NBP

PICTURE CREDITS: Cover, 97, Robert Guidi; 12, Fabian Bachrach; 17, M. J. Humphrey; 105, Anne M. Goodrich; 106, Ed Hanson; 109, Mims Studio; 111, Stanley Stamaty; 117, Al Kaufman; 119, Twentieth-Century Fox; 122, Leonard Shortall; 129, 150, 162, 186, Diamond Art Studio; 166, Sam Norkin; 193, 210, 254, Volk Corporation; 211, 212, 213, McCombs Photo Service; 218, Paul Hoffmaster; 271, Fred Stein. CARTOON CREDITS: 103, 205, William Boserman; 113, George Lauren; 121, Charles Strauss; 173, Eric Peters; 195, Harvey Johnson; 220, Mort Drucker; 228, G. Sivic; 261, Dick Ericson.

Now! Send itemized statements . . . made in just 4 seconds!



All-Electric copying process saves time, improves billing system for busy doctors!

The All-Electric THERMO-FAX Copying Machine makes statements *directly from your itemized office account cards* in just 4 seconds! Copies are exact. No proof-reading necessary. No time consuming retyping. Exclusive All-Electric process uses *no* chemicals or negatives . . . you copy originals in one direct step. Cost per copy as low as 4½¢. No special installation needed. Send the coupon below now for complete details on the All-Electric way to simplify your billing.

REG. U.S. PAT. OFF.

Thermo-Fax

BRAND

Duplicating Products

The term THERMO-FAX is a registered trademark of Minnesota Mining and Mfg. Co., St. Paul 6, Minn. General Export: 99 Park Avenue, New York 16, N. Y. In Canada: P. O. Box 757, London, Ontario.

Minnesota Mining & Manufacturing Company
Dept. KX-76, St. Paul 6, Minn.

Send details on the All-Electric THERMO-FAX Copying Machine.

Name_____

Address_____

City_____ Zone_____ State_____

'Co-Pyronil'

(PYRROBUTAMINE COMPOUND, LILLY)

. . . usually eliminates distressing symptoms without causing side-effects; allows the allergic patient to enjoy fully this "fun-time" season of the year.

rapid-acting . . . relief usually noted within fifteen to thirty minutes.

long-acting . . . relief often maintained for eight to twelve hours; thus continuous relief is provided on a convenient dosage schedule.

complete relief . . . more frequently obtained because of the complementary actions of two antihistamines and a sympathomimetic.

Supplied as pulvules, pediatric pulvules, and suspension.

prescribe relief from allergy . . . prescribe 'Co-Pyronil'

80TH ANNIVERSARY 1876 · 1956 / ELI LILLY AND COMPANY

News

Lawyer Explodes Myths About Malpractice

Malpractice suits are rising steadily. And so is the amount of misinformation being circulated about them.

In particular, three malpractice myths in current circulation should be taken with a grain of salt, according to William F. Martin, chief legal counsel to the New York State medical society. Here they are, along with the true facts as Mr. Martin sees them:

Martin

Myth: *Only charlatans bring suits.*

Fact: "Many cases are brought by prominent members of the community and by leading reputable law firms... Among litigants who brought malpractice cases [in New York] in the last year were at least six doctors, a Supreme Court judge, several dentists, and a number of prominent businessmen."

Myth: *If a suit isn't filed within two or three years of treatment, it never will be.*

Fact: In at least one recent case, "the incident involved goes back some twelve years to a time when a doctor treated a leg injury in a young boy. Only when he was well into adolescence was suit commenced by the family. The statute of limitations . . . allows an infant to bring suit at any time" up to age 23 or so.

Myth: *All-inclusive medical records are always best.*

Fact: While detailed records are important, *unnecessary* side comment should be omitted. "In a recent case, there was a note on the chart: 'Now surgery ceases and science takes over.' The remark was made by an internist who was a very dear friend of the surgeon . . . but it rebounded with telling effect," despite the writer's humorous intention. "Doctors [should] refrain from any comment addressed to the personality of the patient. We

have been embarrassed in a number of cases by the doctor's putting an ill-tempered remark on the record."

Doctor Seeks Changes In Social Security

Among the reasons why a number of medical men don't want Social Security coverage is the fact that few physicians retire at 65. If covered, they'd be paying taxes from which they'd get few or no benefits.

Now Senator Paul Douglas (D., Ill.) has proposed amendments to the Social Security Act that he hopes will make coverage more attractive to private practitioners. Here's what he advocates:

A worker could retire and begin receiving benefits as early as age 60; *but* he'd then get 20-per-cent-less-than-normal benefits. The man who postponed his retirement beyond 65, on the other hand, would get 4-per-cent-higher-than-normal benefits for each year he had stayed in practice. Thus, a doctor who stopped practicing at 70 would receive about $7,800 over a five-year period compared with $6,500 paid out under the present law.

Swanberg

What do medical men think of this proposal? Dr. Harold Swanberg of Quincy, Ill., who edits the Mississippi Valley Medical Journal, thinks it's good, but not good enough. He'd like to see the worker who retires as early as 60 get 40-per-cent-less-than-normal benefits and the man who retires after 65 have 12-per-cent-more-than-normal benefits added for each year he'd kept working.

Under this plan, the doctor who gave up his practice at 70 would receive some $10,400 in the ensuing five years. And the practitioner who didn't retire at all would receive $200 a month once he reached 72, as against $108.50 un-

Snapshots

RUSSIAN WOMEN DOCTORS outnumber their male colleagues by three to one. Apparent reason: the Soviet need for men in more rugged lines of work.

MORE M.D.s COMING UP? A Gallup study shows that U.S. teenage males rank medicine as the most desirable career. Next two in order: science and the law.

QUACKERY DIES HARD: Last month, nearly a half-century after medicine's historic drive against diploma mills, two Ohio men were imprisoned for selling worthless sheepskins to unlicensed chiropractors and immigrants.

"FOR DEPOSIT ONLY"—plus the signer's name—is the safest endorsement on a check deposited by mail, says the American Bankers Association. It's more surely restrictive than endorsing the check over to a bank by name.

BLUE CROSS BAIT: In New Jersey, Blue Cross is expanding its coverage to include (1) hospitalization connected with dental work and (2) convalescent care in nursing homes.

der the present law (his wife would get $100 monthly at age 65, compared with the present $54.25).

Is the plan sound? Says Dr. Swanberg: "[Its] great advantage . . . is the flexible arrangement of the retirement age . . . The whole social security plan is a debatable one, but the idea appears firmly established. If so, let us try to make it more equitable, and not penalize, but *reward*, the worker who wishes to continue his contribution to our economy for a few years beyond age 65."

How to Get Paid for Telephone Advice

Advising patients by phone helps a physician "make new contacts and keep old ones warm," says the Massachusetts Physician. But too often, it observes, the doctor gets nothing but goodwill in return; and that's small compensation for being called to the phone at odd hours to answer such questions as these:

"The baby is having loose stools and they smell awful! What will I do?" Or:

"Little Marcia has another pain in her poor little tummy. Is the medicine you gave her last winter all right for her now?"

To minimize abuses, the journal suggests setting an annual fee for telephoned advice. At $10 an hour, it figures, the time a doctor spends

on the phone is worth at least $1,500 a year. So "if [he] had 300 subscribers willing to pay $5 a year in advance . . . that would do it . . .

"Given the sanction of his medical society," says the journal, the doctor "should mail applications and explanatory literature to [his patients]." Their immediate reaction, it says, might be "consternation"; but many would eventually consider subscribing. In any case, they'd refrain from phoning to ask casual questions at "casual" hours. And they'd "realize that the physician has a private life, and that any demand on his time for any reason . . . is chargeable."

If nonsubscribers persist in phoning, the journal concludes, "the physician need not be embarrassed by refusing to give free advice, but can explain that a service is available." In this way, he "can soon distinguish the sheep from the goats. It is time for him to be listed no longer among the latter."

Tax Warning: Watch Your Travel Deductions

The Internal Revenue Service is planning to take a closer look at income tax returns on which travel expenses are deducted as business costs. Many such expenses, it warns, can't be legitimately written off. For instance:

Snapshots

DO YOU HELP PATIENTS select adequate health insurance? Most doctors probably don't. But Florida's medical association now puts out a pamphlet that tells patients how to choose insurance wisely; and many physicians in that state are making the pamphlet available in their reception rooms.

MEDICAL ADVENTURES aren't enough for British Gynecologist Stafford Matthews. This summer, he's taking part in a six-man assault on a 19,000-foot, unclimbed peak in Peru's Andes Mountains.

MALPRACTICE CLASSIC: A young widow has filed a $250,000 suit against the Boston doctors who removed her husband's right kidney before realizing the left was also missing. Strangely enough, neither the victim nor his family knew of the congenital defect.

IKE'S HEALTH: Full medical reports on the President's physical condition have done more to improve relations between newspapermen and physicians than any event in recent history, according to Kirtland I. King, New York State manager of the United Press.

¶ You may not deduct for recreational expenses run up on a business trip unless you can show they're directly related to your practice.

¶ No part of a personal trip during which you *incidentally* practice medicine is deductible.

¶ Your wife's travel expenses are deductible only if she truly accompanies you for business purposes. It isn't enough just to have her type your letters and entertain your professional contacts.

Lawyer Calls Some M.D.s 'Medical Trilbys'

Who's to blame for the malpractice menace? Edmund D. Leonard, a San Francisco attorney, pins a large share of the blame on a minority of unprincipled doctors who are always ready to testify for the plaintiff in personal injury cases.

In recent years, he says, there's been an "outcropping of sporadic medical brilliance among a rather considerable group of run-of-the-mill practitioners." Their claims to professional eminence, he asserts, are based mainly on their ability to demonstrate the seriousness of an injury and its dangerous effects on the victim.

Such physicians usually work hand-in-glove with a lawyer who has a percentage fee contract, Mr. Leonard explains. "His monetary recovery is in direct proportion to his client's failure to recover medically. [So] he needs a medical Trilby to sing his songs of disaster and torturing pain."

These "Trilbys" perform only for money, of course, says the San Francisco attorney in a recent issue of California Medicine: "A good many of them set a rate commensurate with assured repeated booking. Others take a small deposit and collect the balance only if there's a (monetary) recovery . . . While some few, more needy or more venturesome, operate completely on speculation, along with the attorney."

By representing the plaintiff as "just another piece of wreckage and agony from the mill of medicine," adds the California lawyer, these doctors are "imputing incompetence to wholly worthy practitioners . . .

"They are doing their utmost, probably unknowingly, to put in the mind of the general public an impression that ineptitude and unreliability are commonplace in the medical profession."

Blue Shield Saturation?

Is Blue Shield reaching the saturation point? Not so you'd know it.

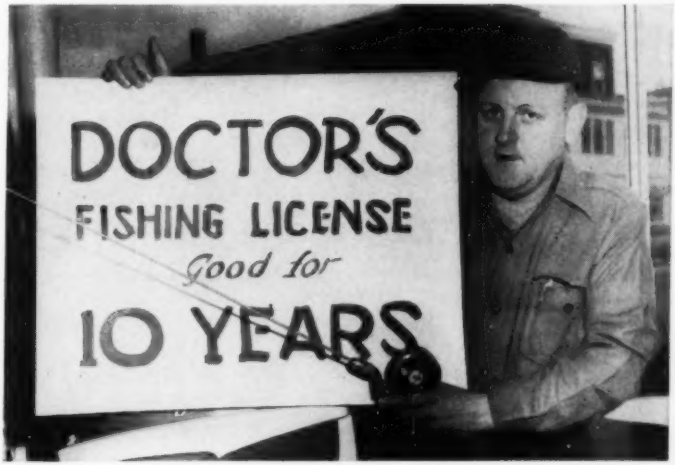
Figures for last year show that total enrollment increased to nearly 36 million—a 4 million jump over 1954 (and the biggest annual increase since 1951). In addition,

more subscribers joined the plans during the last three months of 1955 than in any fourth quarter in history.

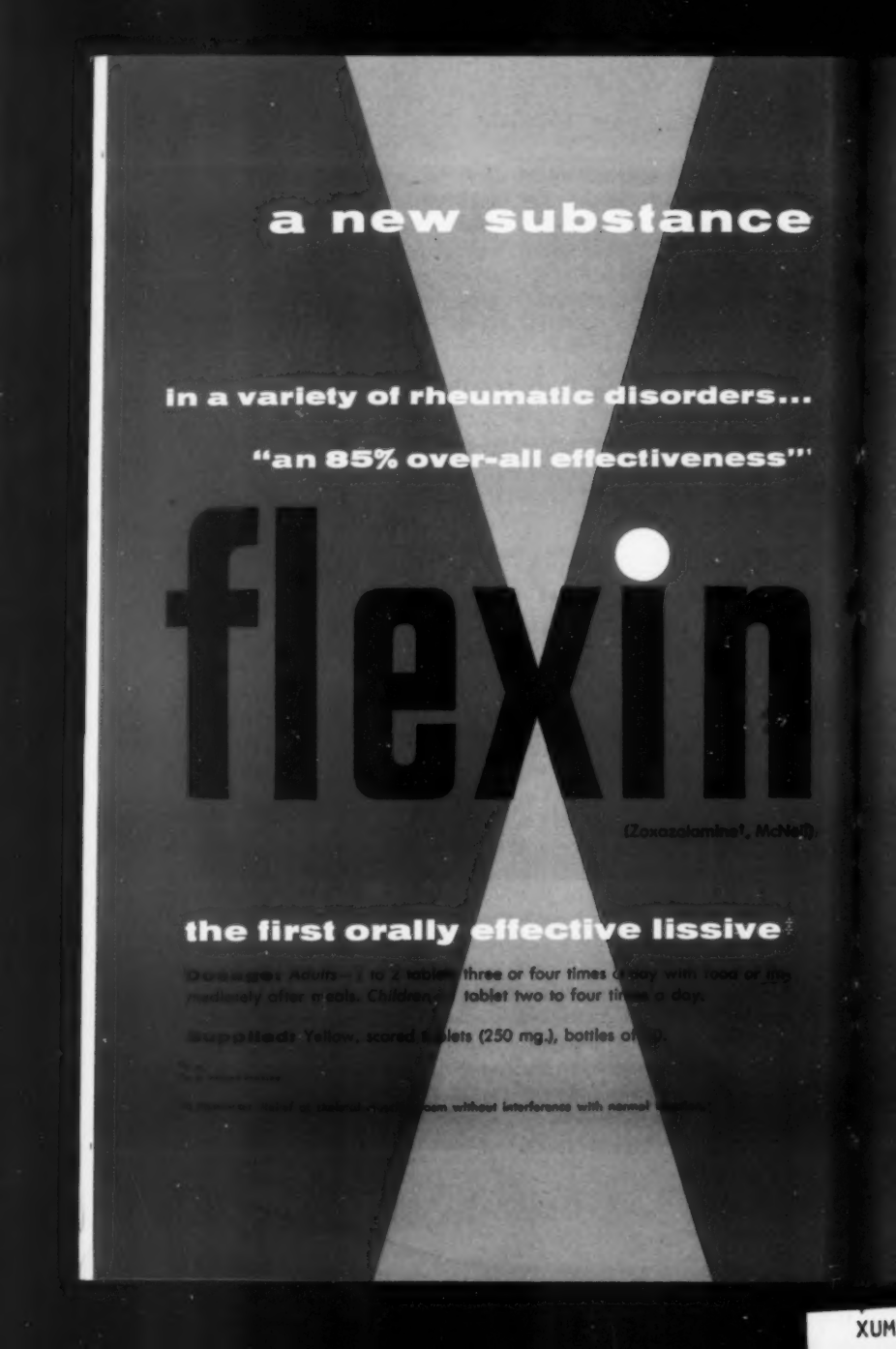
Other signs of progress:

1. In three areas—Michigan, the District of Columbia, and Connecticut—more than 40 per cent of the population are now Blue Shield members. And the Dela-

Tempting Bait Hooks Physician



Grand Marais, Minn., a tiny resort town on the North Shore of Lake Superior, wanted to build a hospital. But it had only one doctor; and the Federal Government refused Hill-Burton aid unless the town could get at least one more. Grand Marais thereupon launched a publicity campaign designed to attract the required medical man. Among its lures: the offer of a free, ten-year fishing license (a poster for which is displayed above by Sherman Benson, chairman of the area's hospital association). The bait worked. Young Dr. Richard J. Soderburg, fresh out of interneship in St. Paul, has now hung up his shingle in Grand Marais; and with the help of a $50,000 Hill-Burton grant, the town has started to build a ten-bed hospital that's scheduled to open early in 1957.


a new substance
in a variety of rheumatic disorders...
"an 85% over-all effectiveness"
flexin
(Zoxazolamine†, McNeil)
the first orally effective lissive‡
three or four times
tablet two to four
Supplied: Yellow, scored
lets (250 mg.), bottles of
without interference with normal

for true spasmolysis of skeletal muscle

Synthesized and characterized by McNeil Laboratories, FLEXIN relieves the disability and pain of skeletal muscle spasm—common denominator of many musculoskeletal and neurological disorders. "Its chief advantages are oral route of administration, long duration of action, and minimal side-effects."[1]

not a mephenesin derivative

FLEXIN provides superior and long-lasting—up to 6 hours—spasmolysis of voluntary muscle in low back syndromes, fibrositis, strains, sprains, and in noninflammatory rheumatic and arthritic disorders. In one preliminary report of 100 patients, FLEXIN demonstrated "...an 85% over-all effectiveness."[2]

Striking results are reported in cerebral palsy. "The administration of zoxazolamine (Flexin) in 28 children, each of whom had spasticity, produced a decrease of muscular tone on passive flexion in every instance."[3]

Other studies indicate that FLEXIN is of value in a highly significant number of patients with multiple sclerosis,[4,5] as well as in other spinal spasticity states, cerebral vascular lesions and parkinsonism.

(1) Smith, R. T.; Knox, K. H.; Pool, W. P., and Harmon, J. F.: J.A.M.A. 160:741 (Mar. 3) 1956. (2) Arnold, W.: J.A.M.A. 160:742 (Mar. 3) 1956. (3) Abrahamson, E. M., and Baird, H. W., III: J.A.M.A. 160:749 (Mar. 3) 1956. (4) Rodriguez-Gomez, M.; Valdes Rodriguez, A., and Dow, A. L.: J.A.M.A. 160:752 (Mar. 3) 1956.

McNeil Laboratories, Inc., Philadelphia 32, Pa.

McNEIL

Give your patient that extra lift with "Beminal" 817

ware plan has enrolled a whopping 61 per cent.

2. In 1955, the plans paid more than $331 million to doctors in the U.S., Hawaii, and Puerto Rico.

'Nonconformist' Doctors Lauded by Professor

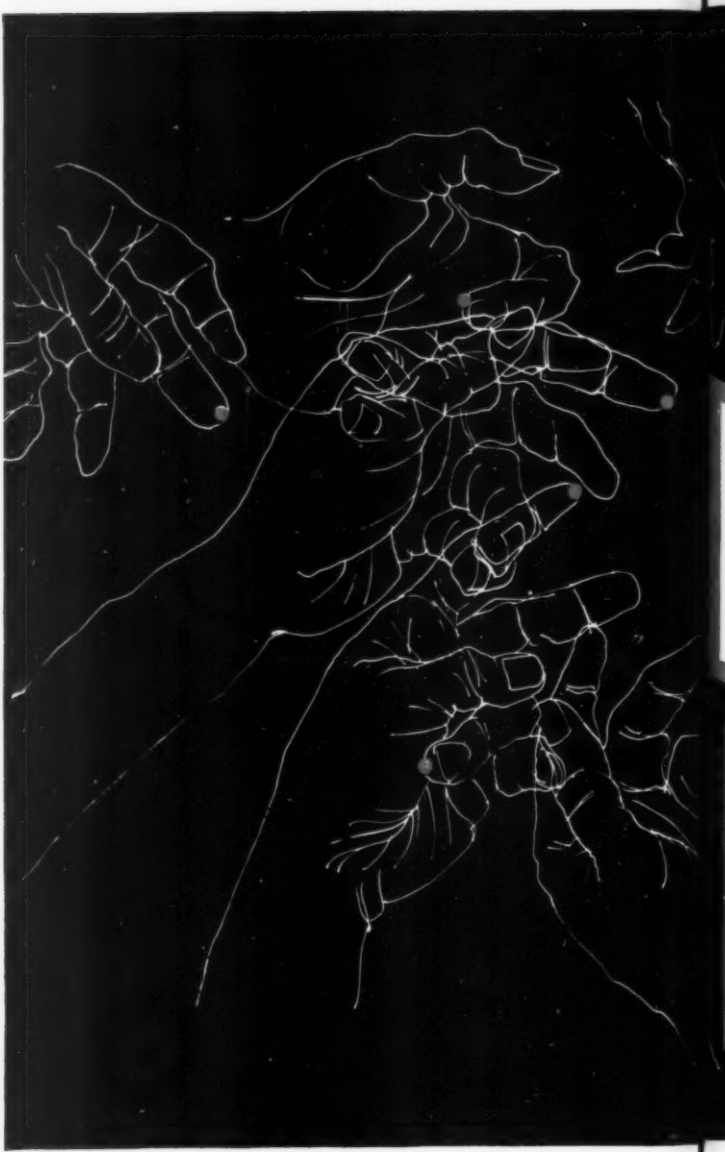
Every healthy profession has a vocal minority—and is the better for it—Professor Vern C. Countryman of the Yale Law School recently told one of medicine's most vocal minorities: the left-leaning Physicians Forum.

In an article in the organization's bulletin, he hailed its members for having made a very "special sort of contribution" by opposing the majority view in medicine.

He especially praised the Forum for advocating social security coverage of self-employed doctors ("you have good reason to hope for ultimate success"), for encouraging group practice ("even though the A.M.A. opposes such practice"), and for supporting government health insurance ("persevere until your idea wins acceptance—as it eventually will").

Family Health Expenses Found on Upgrade

For many years, the average U.S. family has spent more on tobacco and liquor than on medical care. But a recent study by U.S. News & World Report indicates that the balance may have shifted:



XUM

The average worker's family today apparently spends $243 a year on health, only $200 on tobacco and whisky.

Still, health expenses continue to run considerably less than some other outlays. The survey reveals that recreation, for instance, costs the family $287 annually; its car, $488.

Grievance Committee Gets Results

Grievance committees arbitrating fee disputes sometimes effect dramatic settlements—and their recommendations don't always favor the physician. As examples, Dr. Albert G. Swift of Syracuse, N.Y., cites the following cases from the records of the committee he has headed:

¶ A certain doctor threatened to sue a patient, to collect $124. On investigating, the committee found that the man had already paid his bill and that the doctor "was using his knowledge of the patient's domestic life to extract an additional sum." Naturally, the physician was warned to drop the case; but he refused. So the committee threatened to testify against him in court. "The case," says Dr. Swift tersely, "was dropped."

¶ A Syracuse banker sent a woman to the county [MORE ON 268]

"...may be unique as a wide-spectrum antimicrobial agent that is bactericidal, relatively nontoxic, and does not invoke resistant mutants."[1]

Furadantin®

BRAND OF NITROFURANTOIN

in acute and chronic pyelonephritis, cystitis, prostatitis

Percentage of Effectiveness of Furadantin Against Various Strains of Bacteria in Vitro

	Aerobacter aerogenes	Proteus sp.	Paracolobactrum sp.	Micrococcus pyogenes	Streptococcus pyogenes	Escherichia coli	Pseudomonas aeruginosa
Furadantin	82.1	66.6	31.2	91.9	93.9	60.0	13.3
Antibiotic A	71.4	55.5	25.0	93.5	96.9	66.0	26.6
Dihydrostreptomycin	14.2	25.9	12.5	38.7	27.2	28.0	6.6
Antibiotic B	3.5	0	0	66.1	63.6	0	2.2
Penicillin	3.5	0	0	27.4	39.3	0	0
Antibiotic C	14.2	7.4	18.7	46.7	72.6	22.0	11.1

ADAPTED FROM PERRY[2]

Furadantin's "high degree of effectiveness against bacteria responsible for urinary tract infections is brought out by this study."[2]

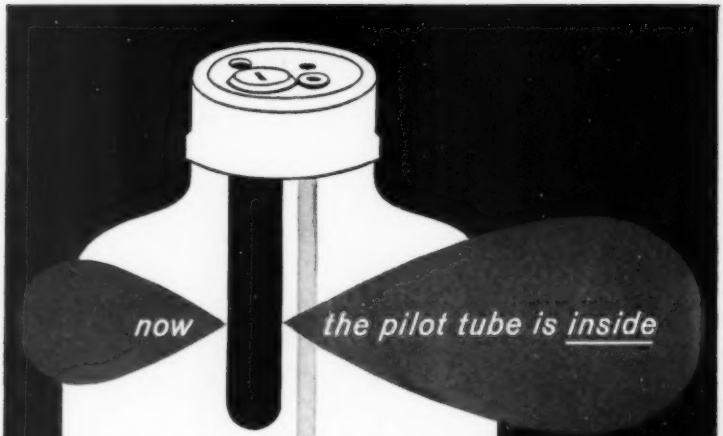
Furadantin dosage—simple and safe: Average adult dose is 100 mg., q.i.d., (at mealtime, and on retiring, with food or milk). Average daily dosage for children is 5 to 7 mg./Kg. in four divided doses.

SUPPLIED: Tablets, 50 and 100 mg., bottles of 25 and 100.
Oral Suspension, 5 mg. per cc., bottle of 118 cc.

REFERENCES: 1. Waisbren, B. A., and Crowley, W.: A.M.A. Arch. Int. M. 95:653, 1955. 2. Perry, R. E., Jr.: North Carolina M. J. 16:567, 1955.

NITROFURANS—A NEW CLASS OF ANTIMICROBIALS—NEITHER ANTIBIOTICS NOR SULFAS

Eaton
LABORATORIES



NEW SERA-VAC®

with Sterile Vacuum Pilot Tube

blood bottle and tube are inseparable—
only one label required

A major advance in blood bottle design, the unique SERA-VAC with its sterile, internal vacuum pilot tube offers these important advantages to hospitals and blood banks—

prevents errors—SERA-VAC's internal pilot tube cannot be mislabeled, interchanged, lost or broken.

saves time—SERA-VAC eliminates labeling and taping of pilot tube to bottle...one less tube to handle.

stores easily—SERA-VAC packs tightly and rotates easily for daily inspection.

improves clot retraction—SERA-VAC's pilot tube is warmed by blood around it...pilot tube blood cools more slowly.

products of

BAXTER LABORATORIES, INC.

Morton Grove, Illinois

DISTRIBUTED AND AVAILABLE ONLY IN THE 27 STATES EAST OF THE ROCKIES (except in the city of El Paso, Texas) THROUGH

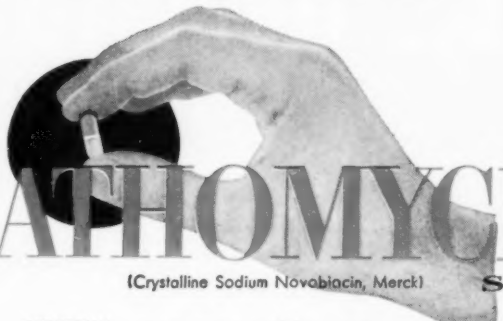
AMERICAN HOSPITAL SUPPLY CORPORATION

SCIENTIFIC PRODUCTS DIVISION GENERAL OFFICES • EVANSTON, ILLINOIS

NOW AVAILABLE...

a unique new antibiotic of major importance

PROVED EFFECTIVE AGAINST SPECIFIC ORGANISMS
(staphylococci and proteus)
RESISTANT TO ALL OTHER ANTIMICROBIAL AGENTS



CATHOMYCIN'

(Crystalline Sodium Novobiacin, Merck) **SODIUM**

SPECTRUM—most gram-positive and certain gram-negative pathogens.

ACTION—bactericidal in optimum concentration even to resistant strains.

TOXICITY—generally well tolerated. This is more fully discussed in the package insert.

ABSORPTION—oral administration produces high and easily-maintained blood levels.

INDICATIONS—cellulitis, pyogenic dermatoses, septicemia, bacteremia, pneumonia and enteritis due to *Staphylococcus* and infections involving certain strains of *Proteus vulgaris;* including strains resistant to all other antibiotics.

DOSAGE—four capsules (one gram) initially and then two capsules (500 mg.) twice daily.

SUPPLIED—250 mg. capsules of 'CATHOMYCIN', bottles of 16.

'CATHOMYCIN' *is a trademark of Merck & Co., Inc.*

SHARP & DOHME

Philadelphia 1, Pa.
DIVISION OF MERCK & CO., INC.

Introducing

A.P.C. WITH Demerol®

Tablets

for more efficient

CONTROL OF *Pain*

Each tablet contains:

Aspirin	200 mg.	(3 grains)
Phenacetin	150 mg.	(2½ grains)
Caffeine	30 mg.	(½ grain)
Demerol hydrochloride	30 mg.	(½ grain)

Adult dose: 1 or 2 tablets up to four times daily.

Bottles of 100 tablets. *Narcotic blank required.*

"Such a combination has proven clinically to be far more effective and no more toxic than equivalent doses of any of these used singly."*

Winthrop LABORATORIES
NEW YORK 18, N. Y.

Demerol, brand of meperidine, trademark reg. U.S. Pat. Off.
*Bonica, J.J.; and Backup, P.H.: *Northwest Med.*, 54:22, Jan., 1955.

Summer Therapy in PSORIASIS

The eruptions of psoriasis may disappear the summer, to reappear in the winter Hadden[1]). According to Morris[2], "the st security against relapse is the com-plest possible removal of all remnants of e disease."

To avoid recurrence in the fall, psoriasis uld be treated intensively with RIASOL summer. Treatment should be continued il every patch, papule, scale and "bleed-g point" has been eradicated.

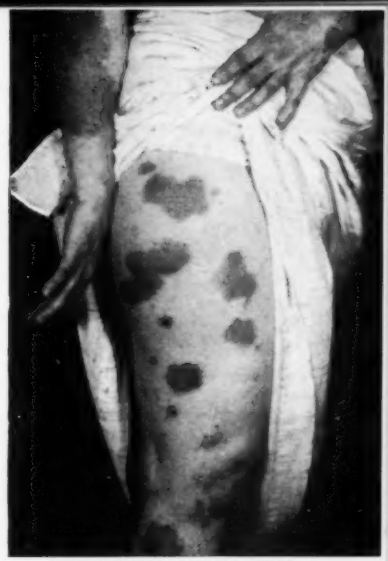
Permanent results with RIASOL may be ured when it is used conscientiously dur-g the declining phase of psoriasis. Many ysicians have reported freedom from re-ses lasting years after a course of IASOL treatment.

RIASOL contains 0.45% mercury chem-lly combined with soaps, 0.5% phenol d 0.75% cresol in a washable, non-ining, odorless vehicle.

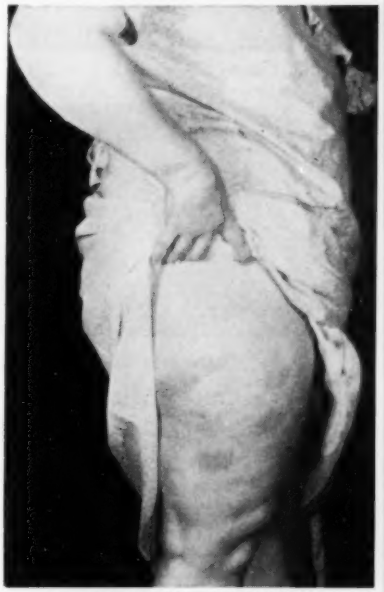
Apply daily after a mild soap bath and rough drying. A thin, invisible, econom-l film suffices. No bandages required. er one week, adjust to patient's progress.

RIASOL is supplied in 4 and 8 fld. oz. ttles at pharmacies or direct.

Minnesota Med. 22:381, 1939.
Brit. M. J. 2:1328, 1954.



BEFORE USING RIASOL



AFTER USING RIASOL

Test RIASOL Yourself

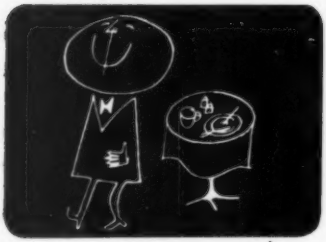
MAY WE SEND you professional literature and generous clinical package of RIASOL. No obligation. Write

SHIELD LABORATORIES
Dept. ME-756
12850 Mansfield Avenue
Detroit 27, Michigan

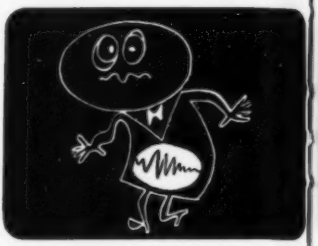
RIASOL FOR PSORIASIS

XUM

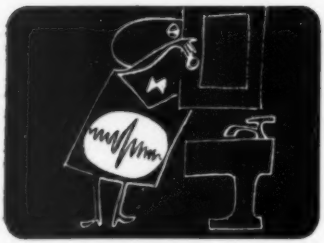
shortest distance to relief via the **AL-CAROID** route



All's right with the inner man.



Whoops! Storm's a'brewin'!



Al-Caroid to the rescue.

Like Doctor says — Al-Caroid works!

Thanks Doctor! Thanks Al-Caroid!

Supplied in tablet or powder form.

Al-Caroid® is more than "just an antacid"

Its effective acid neutralizing properties provide a plus feature with its Caroid content. Caroid, a proteolytic enzyme, is effective in both acid and alkaline media.

Al-Caroid is a natural for your dyspeptic patients who require both antacid and protein digestant aid for full relief from heartburn, flatulence and general digestive upsets.

Trial supply available upon request.

American Ferment Company, Inc. • **1450 Broadway** • **New York 18, N. Y.**

BETTER

results are obtained with STERANE[1]—3 to 5 times more active than hydrocortisone or cortisone.

BREATHING

capacity is greatly enhanced. "Relief of symptoms is more complete and maintained for longer periods with relatively small doses."[2]

BALANCE

of minerals and fluids usually remains undisturbed. This proves "especially advantageous in those patients with cardiac failure requiring therapy . . ."[3]

in bronchial asthma

Sterane®

brand of prednisolone

Supplied: White, 5 mg. oral tablets bottles of 20 and 100. Pink, 1 mg. oral tablets, bottles of 100. Both deep-scored.

1. Johnston, T. G., and Cazort, A. C.: J. Allergy 27:90, 1956. 2. Schwartz, E.: New York J. Med. 56:570, 1956. 3. Schiller, I. W., et al.: J. Allergy 27:96, 1956.

PFIZER LABORATORIES
Division, Chas. Pfizer & Co., Inc.
Brooklyn 6, New York

If you could visit

with a user of the Picker Anatomatic Century x-ray unit you'd soon know why this remarkable "new way in x-ray" machine has come so far so fast.

He'd probably tell you first how incredibly easy it is to use (just dial the body part and set its thickness... then press the button). He might sigh with relief at having no charts to consult, no calculations to make (the anatomatic principle does all the tedious "figgerin" for you).

He'd probably show you how good a radiograph he gets every time

He might even touch on the peace-of-mind that comes of having a local Picker office so near, with a trained Picker expert always on call for help and counsel

and there'd be no mistaking the light in his eye when it falls on the handsome big-name unit whose fine appearance adds so much to the impressiveness of his office.

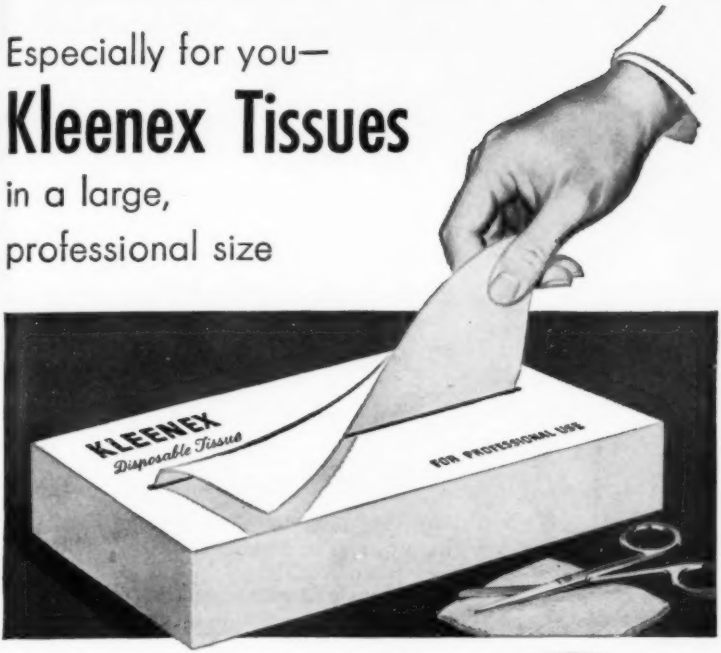
P.S. Somewhere along the line the matter of price would come up ... he'd most likely comment on how little he pa to get so much. Or he might even be among those who ren their x-ray machine (Picker has an attractive rental pla you know).

P.P.S. Next best thing is to call your local Picker man in and let him tell you about this great new machine (find him in your 'phone book) or write Picker X-Ray Corporation, 25 South Broadway, White Plains, N. Y.

Especially for you—

Kleenex Tissues

in a large,
professional size



For you, there's a special professional size of Kleenex* tissues, the only tissues that pop up, serve just one at a time. Professional Kleenex is 15″ x 18″, packed in a pure white box. You can order regular size Kleenex tissues in a pure white professional pack, too. This is the pack especially designed for physicians. Either size available in easy-to-store cases of 24 boxes. Keep Kleenex handy—for dozens of office uses.

Regular size No. 5101 9″ x 10″
Professional size No. 5405 15″ x 18″

Order through your supply dealer

*T. M. REG. U. S. PAT. OFF.—K-C CORP.

EXPASMUS RELIEVES TENSION

Expasmus® provides safe, effective *clinically evaluated* therapy without the disadvantages of belladonna, the barbiturates or amphetamine.

Expasmus relieves the tension associated with muscle spasm, pre-menstrual and anxiety states . . . relieves pain and muscle spasm in arthritic and rheumatic conditions . . . relieves low back pain.

A modern, comprehensive, single prescription therapy.

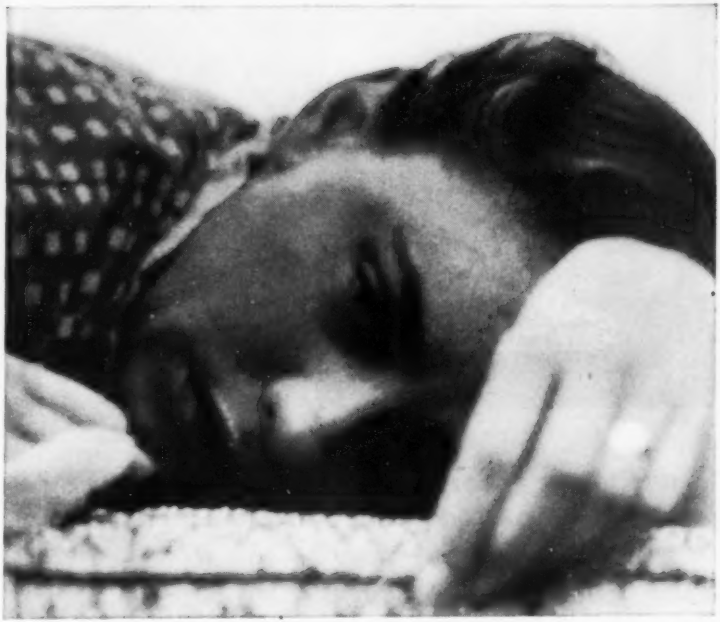
Composition and dosage: Each Expasmus tablet contains dibenzyl succinate, 125 mg., mephenesin, 250 mg., salicylamide, 100 mg. In bottles of 100. Average dose: Two tablets every four hours; in resistant cases, three tablets four times a day.

On prescription only, samples on request.

MARTIN H. SMITH COMPANY

131 East 23rd Street, New York 10, N.Y.

Manufacturers of ethical products for over half a century.



your allergy patients need a lift

Plimasin®

(tripelennamine hydrochloride and methylphenidylacetate hydrochloride CIBA)

What with sneezing, wheezing and scratching, being allergic is fatiguing business. As a result your hypersensitive patients suffer from emotional depression in addition to their allergic symptoms.

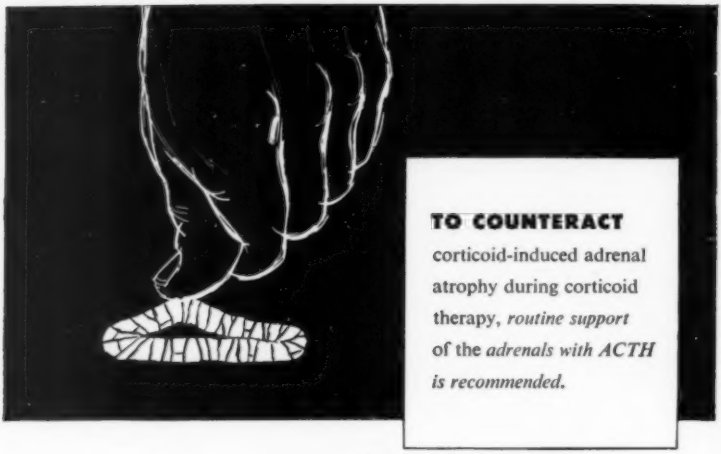
Now, with Plimasin, you can give these patients a lift — and obviate sedative side effects. Plimasin is a combination of a proved antihistamine and Ritalin—a new, mild psychomotor stimulant. Pilmasin not only relieves the symptoms of allergy but counteracts depression as well.

DOSAGE: *1 or 2 tablets every 4 to 6 hours if necessary.*

TABLETS *(light blue, coated), each containing 25 mg. Pyribenzamine® hydrochloride (tripelennamine hydrochloride CIBA) and 5 mg. Ritalin® hydrochloride (methyl-phenidylacetate hydrochloride CIBA)*

CIBA
SUMMIT, N.J.

2/22671M



TO COUNTERACT
corticoid-induced adrenal atrophy during corticoid therapy, *routine support* of the *adrenals with ACTH is recommended.*

THIS IS THE PROTECTIVE DOSAGE RECOMMENDATION FOR COMBINED CORTICOID-ACTH THERAPY

- When using *prednisone* or *prednisolone:*
for every 100 mg. given, inject approximately 100 to 120 units of HP*ACTHAR *Gel.*
- When using *hydrocortisone:*
for every 200 to 300 mg. given, inject approximately 100 units of HP*ACTHAR *Gel.*
- When using *cortisone:*
for every 400 mg. given, inject approximately 100 units of HP*ACTHAR *Gel.*

Discontinue administration of corticoids on the day of the HP*ACTHAR *Gel* injection.

HP*ACTHAR® *Gel*
*Highly Purified (IN GELATIN)

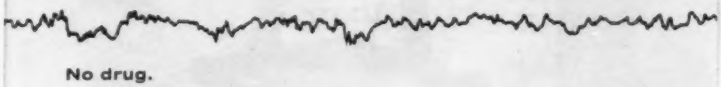
The Armour Laboratories brand of purified adrenocorticotropic hormone—corticotropin (ACTH)

UNSURPASSED IN SAFETY AND EFFICACY
More than 42,000,000 doses of ACTH have been given

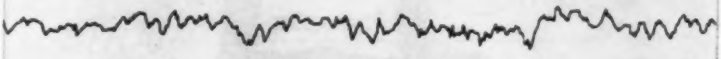
THE ARMOUR LABORATORIES
A DIVISION OF ARMOUR AND COMPANY • KANKAKEE, ILLINOIS

WHAT IS THE DIFFERENCE BETWEEN A TRANQUILIZER AND A SEDATIVE?

Comparison of the effect of Raudixin (tranquilizer) and a barbiturate (sedative) on the cortical electroencephalogram



No drug.



After Raudixin. E. E. G. not altered.

After barbiturate. Typical "spindling" effect.

Because barbiturates and other sedatives depress the cerebral cortex, the sedation achieved is accompanied by a reduction in mental alertness.

Raudixin acts in the area of the midbrain and diencephalon, and does not depress the cerebral cortex. Consequently, the tranquilizing (ataractic) effect achieved is generally free of loss of alertness.

RAUDIXIN

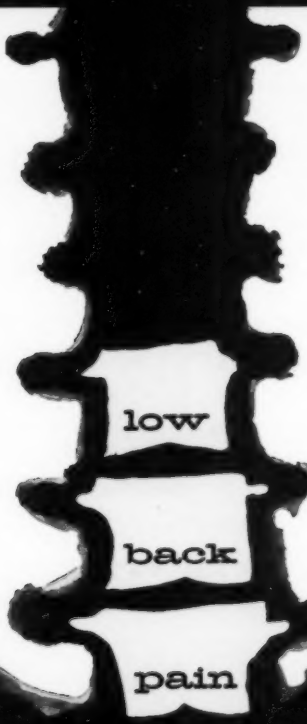
Squibb Whole Root Rauwolfia Serpentina

DOSAGE: 100 mg. b.i.d. initially; may be adjusted within a range of 50 mg. to 500 mg. daily. Most patients can be adequately maintained on 100 mg. to 200 mg. per day.

SUPPLY: 50 mg. and 100 mg. tablets; bottles of 100, 1000 and 5000.

SQUIBB *Squibb Quality—the Priceless Ingredient*

"RAUDIXIN"® IS A SQUIBB TRADEMARK



relieved in most cases, by

MEPHATE

CAPSULES Robins *superior relaxant*

Breaks the pain-spasm chain reaction by the relaxant action of mephenesin, enhanced by glutamic acid hydrochloride . . . more effective[2] and longer lasting[1] than mephenesin alone. Eases pain and muscle-spasm without impairing strength; relieves anxiety

Robins

A. H. ROBINS CO., Inc., RICHMOND 20, VA.
Ethical Pharmaceuticals of Merit since 1878

In each capsule:	
Mephenesin	0.25 Gm
Glutamic Acid Hydrochloride	0.30 Gm

1. Bowler, T. A., Jr.: J.A.M.A. Alabama 24:247, 1955.
2. Hermann, L.F., and Smith, R.T.: Ill. Lancet, 21:227, 1951.

when STRAIN *must be avoided*

...as in HYPERTENSION

KONDREMUL®

(COLLOIDAL EMULSION OF MINERAL OIL AND IRISH MOSS)

FOR CHRONIC CONSTIPATION

when the "going" is rough

℞ KONDREMUL

(PLAIN)

Contains 55% mineral oil; pleasantly flavored. In bottles of 1 pint.

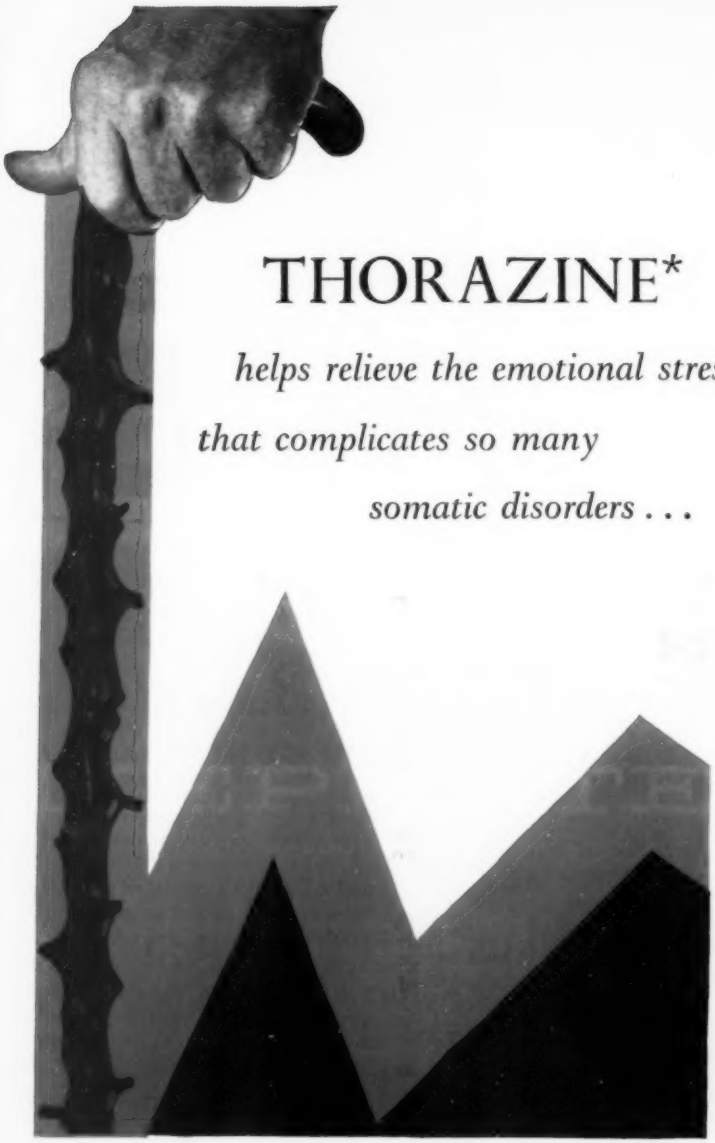
also available

KONDREMUL WITH CASCARA—0.66 Gm. *nonbitter* Ext. Cascara/tbsp.

KONDREMUL WITH PHENOLPHTHALEIN—0.13 Gm. phenolphthalein/tbsp.

KONDREMUL belongs in the picture whenever *strain-free elimination* is a "must." The softening and infiltrating action of KONDREMUL results in a soft, well-formed, easily passed stool . . . with no irritation, griping, or tenesmus. KONDREMUL is an outstanding mineral oil emulsion because of its high stability and the extremely small, uniform size of its oil globules, each held firmly in an envelope of Irish moss. No unpleasant leakage.

patch **THE E. L. PATCH COMPANY**
Stoneham, Massachusetts



THORAZINE*

helps relieve the emotional stress that complicates so many somatic disorders . . .

. . . for example, as an adjuvant in

ARTHRITIS

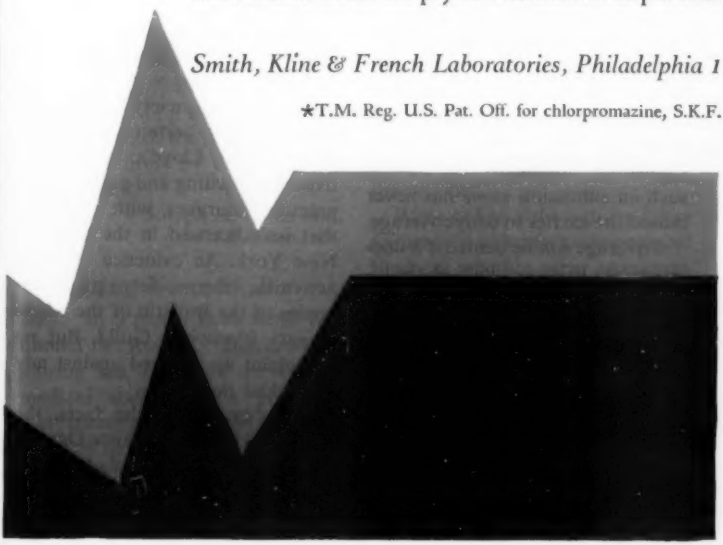
*THORAZINE**

helps: to ease anxiety and frustration
to relieve the general suffering
to promote normal sleep habits

It goes without saying that not all arthritic patients are benefited by 'Thorazine' therapy. 'Thorazine' is most useful when the psychic element is important.

Smith, Kline & French Laboratories, Philadelphia 1

*T.M. Reg. U.S. Pat. Off. for chlorpromazine, S.K.F.



Letters

Malpractice Coverage

SIRS: Your article "If the Patient Claims Malpractice" covers several points that all doctors ought to keep in mind. There's only one statement in it that I question: "Some malpractice insurance contracts provide that such an admission [that the doctor was to blame] automatically releases the company from its obligations in the case."

Certainly, an admission of blame by the doctor has a very bad effect on the outcome of a case. But in my experience as legal counsel for the California Medical Association, such an admission *alone* has never caused the carrier to deny coverage.

Coverage *can* be denied if a doctor refuses to cooperate with the insurance company in defending a suit. It can also be denied if he "promotes" or "foments" a case against the company.

Howard Hassard
San Francisco, Calif.

SIRS: A recent news item says: "Some fifteen New York physicians have been accused of soliciting malpractice insurance buyers in behalf of an unlicensed carrier [Lloyd's of London]. Their accuser is the state medical society of which they're members. It has filed an unprecedented complaint against them with New York State's Insurance Department."

As chairman of the medical society's Malpractice Insurance and Defense Board, I must make a correction:

The medical society filed a complaint against certain excess-line brokers and Lloyd's representatives for soliciting and placing malpractice insurance with a carrier that isn't licensed in the State of New York. As evidence of these activities, the society presented copies of the Bulletin of the Kings County Physicians Guild. But no complaint was lodged against any individual doctor.

After examining the facts, the New York State Insurance Department apparently concluded that the Physicians Guild might have

violated the law in calling attention to an unauthorized insurer by "advertisement or public announcement." So the Superintendent of Insurance sent a letter to some fifteen Physicians Guild officials whose names appeared on the masthead of their Bulletin.

It is true that the Superintendent's letter starts off: "A complaint has been received against you from the Medical Society of the State of New York . . ." But it is also true that the wording of the letter and the selection of the recipients were decided entirely by the Insurance Department.

Joseph A. Lane, M.D.
Rochester, N.Y.

Weighing Your Skill

SIRS: In a recent news item, you quoted Dr. Robin C. Buerki as deploring the fact that the typical medical staff "resents pressures that force it . . . to say that Dr. Smith is qualified to do work in a given field and that Dr. Jones is not."

By "pressures," does he mean the yardsticks developed by various agencies for measuring the competence of individual doctors? If so, I think the medical staffs have a right to resent them.

Many such yardsticks were devised in the hope of providing some kind of objective device for scoring a doctor's ability in "points." But we're surely all aware that even consideration of such measurable things as years of experience, board diplomas, society memberships, and the like can give only a superficial evaluation of the individual practitioner.

Want to know the only real way to measure a doctor's competence? Find out whether other physicians send their mothers, wives, and children to him. They can't document their judgment mathematically. But, believe me, they *know*.

In spite of its disadvantages, the appraisal of a doctor by his local colleagues is the only yardstick that makes sense. Sure, any such appraisal within a hospital may be subject

How to select a New

For brilliant performance in classroom or hall

Choose the Kodaslide Signet 500 Projector. 500-watt lamp, superb optical system with *f*/3.5 or *f*/2.8 lens. Smooth, rapid slide-changing system. Price, from $72.50.

With automatic slide changer

Slides are fed into the projector from a 36-slide magazine, and can be repeated or skipped at will. Price, from $82.50.

For top quality at a lower price ...

Choose the Kodaslide Signet 300 Projector. Its 300-watt lamp and fine optics make it ideal for use in the smaller classroom or office. Price, $59.50.

With automatic slide changer

Same slide-feeding mechanism as described above. Push-pull movement of changer handle projects slide, stores it, advances magazine to next slide. Price, $69.50.

Prices are list, include Federal Tax where applicable, and are subject to change without notice.

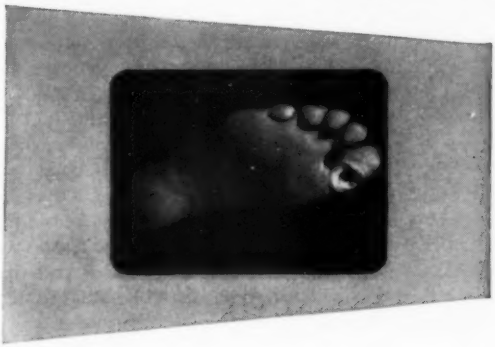
For further information see your Kodak photographic dealer or write for literature.

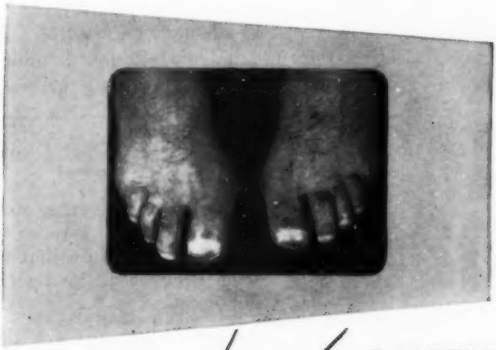
EASTMAN KODAK COMPANY

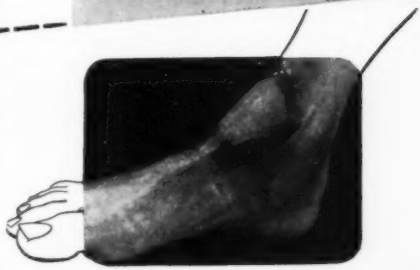
***Medical Division*, Rochester 4, N. Y.**

Serving medical progress through Photography

Kodaslide Projector!







Photographs: DAVID LUBIN, Medical Illustration Service, U.S.V.A. Hospital, Cleveland 30, Ohio

Kodak
TRADE MARK

Radiography

to local politics and nepotism. But appraisal by rules laid down by an outsider is subject to far worse inaccuracies.

Henry A. Davidson, M.D.
Cedar Grove, N.J.

Intuitive Diagnosis

SIRS: In the same issue with my article "The Trouble With Young Doctors," an editorial comment seems to suggest that I *prefer* intuitive to actual clinical diagnosis. I want to state emphatically that this is not true.

As an example of 1915-style medicine, your editorial cites an abdominal operation described in Surgeon Charles Bove's autobiography, "A Paris Surgeon's Story." The old surgeon whom he was assisting in the operation, says Dr. Bove, mistook the patient's kidney for a tumor and jerked it out.

That story, I submit, must be absolute fantasy. I can't imagine that any surgeon with the slightest bit of experience would ever make such an asinine mistake as to grasp an enlarged kidney, tear away the renal arteries, and pull it out through the abdominal route.

During my interneship over fifty-five years ago, I acted as assistant to many Civil War surgeons who were still in active practice. Though their aseptic technique left much to be desired, they were careful and

diapers
chafe

when the sun **burns**

skin
itches

panthoderm cream

first and only topical therapy to contain pantothenylol

rapidly relieves itch and pain
promotes healing

. . . like nothing you've ever used before

2 oz. and
1 lb. jars;
1 oz. tubes.

references:
Combes, F. C. and Zuckerman, R.:
J. Invest. Dermat. 16:379, 1951.
Kline, P. R., and Caldwell, A.:
New York St. J. M. 52:1141, 1952.
Schoch, A. G.:
The Schoch Letter, May 1952.
Labecki, T. D. and Boggan, W. H., Jr.:
Clinical Med., May 1954.

insects
bite

ivy
irritates

PATIENTS APPRECIATE cooling, soothing, healing, Panthoderm Cream for rapid relief from the itching, pain, and inflammation of hot weather skin distress.

send
for
samples

In a variety of dermatoses, Panthoderm Cream has shown "clinical evidence of epithelizing stimulation, of an antipruritic effect, and of an antibacterial effect." "Even long standing conditions resistant to other therapy seemed to respond to Panthoderm Cream." . . . external ulcers, pyogenic dermatoses, burns, wounds, eczemas, pruritus vulvae, etc. "No evidence of sensitization . . . was encountered."

A pleasure to use—Panthoderm Cream is bland, snow-white, clean, non-staining, water-miscible.

u. s. vitamin corporation
Arlington-Funk Laboratories, division
250 East 43rd Street, New York 17, N.Y.

skillful. Not one of them would have made the mistake of yanking a kidney out through an abdominal wound . . .

Personally, I find no fault with modern methods; in fact, I pursue every one to its utmost. I believe that any doctor who doesn't avail himself of every known method in diagnosing and treating a case is doing his patient and himself an injustice.

George S. King, M.D.
Bay Shore, N.Y.

Our editorial comments were in no way intended to suggest that Dr. King prefers intuitive diagnosis. And we doubt that other readers drew any such inference. Other readers, however, did comment on many aspects of Dr. King's criticism of today's young doctors. Excerpts from some of the letters in defense of the young medical man appear elsewhere in this issue.—ED.

'Wholesale' Medicine

SIRS: "Will You Soon Be a Hireling of Labor?" really struck home. I read it just after leaving a union-run clinic for the day.

Most of the patients in this clinic are getting the best medical care they've ever had; many of them used to go to the city hospital clinic or were treated by various para-

medical cults. The union now buys their care at wholesale rates. Yet some of the patients drive better cars than the medical staff does!

I doubt that the union insists on wholesale prices for food, housing, dry cleaning, etc. for its members. Why wholesale medicine, then?

M.D., Missouri

Profit Motive

SIRS: The author of "They've Got You on an Ethical Tightrope" says that the first principle of medical ethics implicitly disapproves the profit motive in medicine. He's right. It does, and with good reason.

It's quite proper for a doctor to remove a patient's appendix when necessary—and, incidentally, to charge for it. But it's certainly not proper for him to remove it merely because he wants the fee . . .

Edwin F. Gray, M.D.
Little Rock, Ark.

County Societies

SIRS: A recent MEDICAL ECONOMICS editorial discusses the incontrovertible fact that attendance at county medical society meetings is usually sparse. Since this *is* so, important business matters shouldn't be passed on by the small minority that happens to be present . . .

Instead, why not send ballots to all members? The election of offi-

ACHROMYCIN

Tetracycline *Lederle*

in the treatment of

infections in surgery

The prevention and control of cellulitis, abscess formation, and generalized sepsis has become commonplace technique in surgery since ACHROMYCIN has been available. Leading investigators have documented such findings in the literature.

For example, Albertson and Trout[1] have reported successful results with tetracycline (ACHROMYCIN) in diverticulitis, gangrene of the gall bladder, tubo-ovarian abscess, and retropharyngeal abscess. Prigot[2] and his associates used tetracycline in successfully treating patients with subcutaneous abscesses, cellulitis, carbuncles, infected lacerations, and other conditions.

As a prophylactic and as a therapeutic, ACHROMYCIN has shown its great worth to surgeons, as well as to internists, obstetricians, and physicians in every branch of medicine. This modern antibiotic offers rapid diffusion and penetration, quick development of effective blood levels, prompt control over a wide range of organisms, minimal side effects. There are 21 dosage forms to suit every need, every patient, including

ACHROMYCIN SF

ACHROMYCIN with STRESS FORMULA VITAMINS. Broad-range antibiotic action to fight infection; important vitamins to help speed normal recovery. In *dry-filled sealed* capsules for rapid and complete absorption, elimination of aftertaste.

[1]Albertson, H. A. and Trout, H. H., Jr.: *Antibiotics Annual* 1954-55, Medical Encyclopedia, Inc., New York, N.Y., 1955, pp. 599-602.

[2]Prigot, A.; Whitaker, J. C.; Shidlovsky, B. A., and Marmell, M.: *ibid*, pp. 603-607.

LEDERLE LABORATORIES DIVISION

AMERICAN CYANAMID COMPANY

PEARL RIVER, NEW YORK

®REG. U.S. PAT. OFF.

PHOTO DATA: AERIAL CAMERA WITH K-2 FILTER AT DUSK, F.11, 4/100 SEC., FAST PAN FILM

ACHROMYCIN ACHROMYCIN

cers is now conducted by mail in some places. Other business could be settled in the same way.

Harry A. Schatz, M.D.
Philadelphia, Pa.

SIRS: They'll flay me alive if you use my name, but the truth is that the county medical society is obsolete.

The family doctor has the A.A.G.P., the specialist has his own society, and nearly everybody has a merry-go-round of hospital meetings. If this leaves any chinks, there's usually a local academy of medicine. The county medical society, as a scientific forum, has no purpose except in rural areas . . .

Let's face it: It would be better if individual physicians could join the state medical society directly. The usual once-a-year state convention would probably be better attended if we gave up our sprawling county bureaucracy. We'd save money and time, and stop spreading ourselves thin over too many societies. How about it?

M.D., New Jersey

Recognizing D.O.s

SIRS: A generation ago, homeopaths couldn't join regular medical societies or the staffs of regular hospitals. But today many of these men are as highly regarded as any

"old-school" physician. One of them has been the president of my county medical society . . .

I predict that before long osteopaths will also be taken into the fold. Their schools should be brought up to a par with the regular medical schools, so that they can get virtually the same education as we do. This would work wonders toward improving the general quality of medical service.

Frederick C. Smith, M.D.
Philadelphia, Pa.

Clinical Audits

SIRS: "Confessions of a Clinical Auditor" was excellent! The medical audit is the best way I know to keep medical practice in the hands of our own profession.

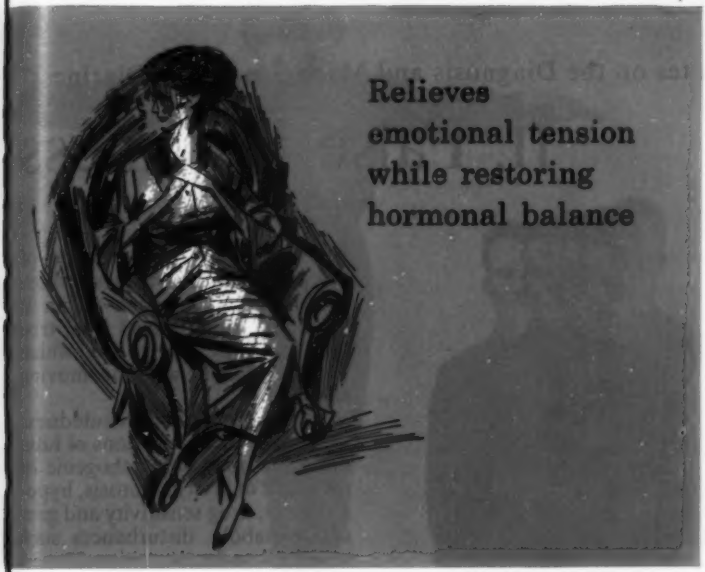
Anthony J. J. Rourke, M.D.
New Rochelle, N.Y.

Lean Years in Surgery

SIRS: Surgeons make too much money, do they? Well, *I* don't.

I passed my board examinations in general surgery more than three years ago. But at present most of my income still comes from a $4-an-hour job in an emergency hospital. And there are at least ten other certified surgeons clamoring for my job.

I figure I'll have to hang on to it for another five to ten years, or even longer. After that, I suppose



new TYLANDRIL

(DIETHYLSTILBESTROL AND METHYLTESTOSTERONE WITH RESERPINE, LILLY)

in the menopause

'Tylandril' offers you a new, integrated therapeutic approach for your menopausal patients. The androgen-estrogen combination effectively restores hormonal balance. Its synergistic action reduces dosage requirements and minimizes such side-effects as withdrawal bleeding, breast turgidity, and nausea.

'Sandril' (Reserpine, Lilly) has been added to the formula to combat the psychologic stress of the menopause. It induces a calming effect and facilitates emotional adjustment of your climacteric patient.

Now available in bottles of 100 at pharmacies everywhere.

each scored Tablet 'Tylandril' provides:

Diethylstilbestrol	0.25 mg.
Methyltestosterone	5 mg.
'Sandril' (Reserpine, Lilly) . .	0.1 mg.

DOSAGE: Initially, 1 to 2 tablets daily for one or two weeks. Maintenance, usually 1/2 to 1 tablet daily.

Lilly

QUALITY/RESEARCH/INTEGRITY

79TH ANNIVERSARY 1876 · 1956 / ELI LILLY AND COMPANY

871053

DRAMAMINE® IN VERTIGO

Notes on the Diagnosis and Management of "Dizziness"

II. False Dizziness

1. Romberg's Sign
The patient stands with his feet together and his eyes closed. Inability to maintain equilibrium may indicate locomotor ataxia or sclerosis of the posterior columns of the spinal cord (tabes dorsalis).

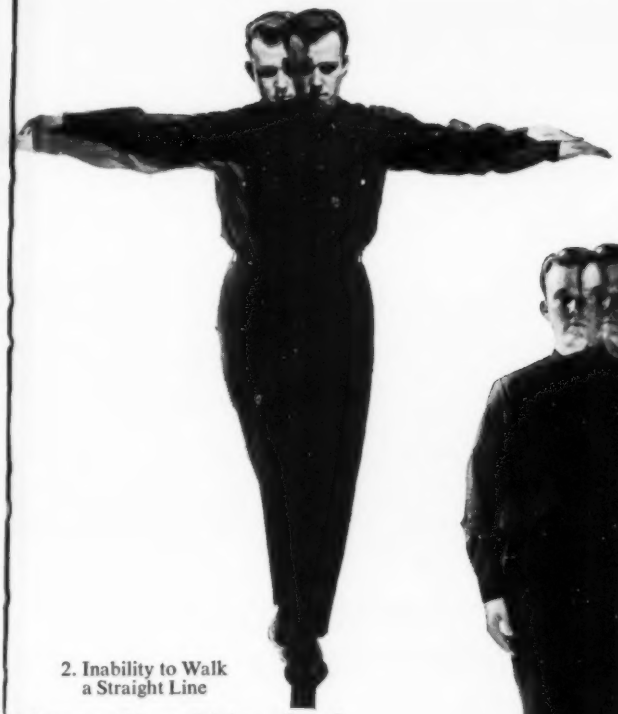
False dizziness is a sensation of sinking or lightheadedness which is often of psychogenic origin. It should be distinguished from true "dizziness" or vertigo[1] in which there is a definite whirling, moving sensation.

Unsteadiness, lightheadedness and similar manifestations of false dizziness[2] may be psychogenic or the result of arteriosclerosis, hypoglycemia, drug sensitivity and general metabolic disturbances such as anemia and malnutrition. Hypertension is often the cause of these symptoms.

Psychogenic dizziness probably originates at the highest brain centers. It may be described as a sense of uncertainty with occasional mild lurching but not to the point of falling. In these patients there is no nausea, no disturbance of vestibular pathways and otologic and neurologic examinations are negative. The sensation is unaffected by head movement. Symptoms usually disappear[3] with rest.

Dramamine® has been found highly effective in many of the conditions already mentioned. Maintenance therapy with Dramamine will often keep the patient from becoming incapacitated by his condition.

Dramamine is also a standard for the management of motion



2. Inability to Walk a Straight Line

sickness and is useful for relief of the nausea and vomiting of fenestration procedures and radiation sickness and for relief of "true dizziness" of other disorders.

Dramamine (brand of dimenhydrinate) is supplied in tablets (50 mg.) and liquid (12.5 mg. in each 4 cc.). G. D. Searle & Co. Research in the Service of Medicine.

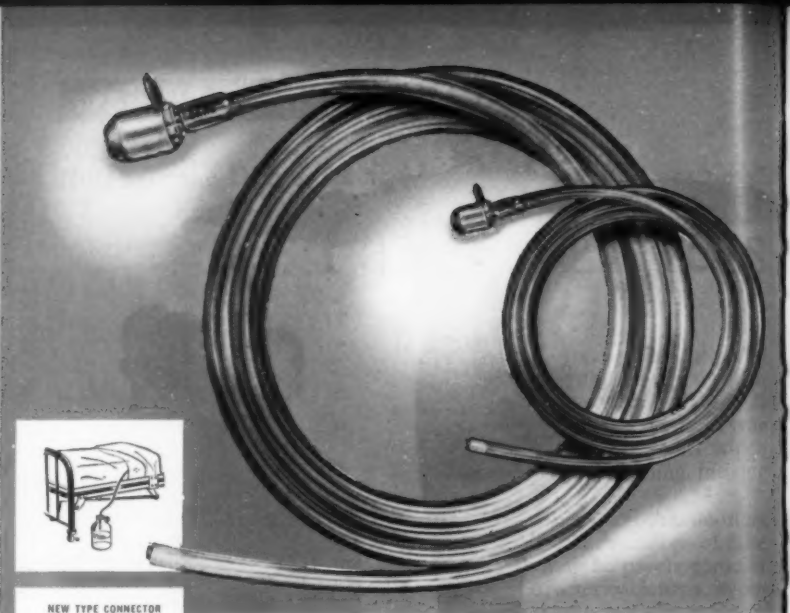
---

1. Swartout, R., III, and Gunther, K.: "Dizziness:" Vertigo and Syncope, GP *8*:35 (Nov.) 1953.
2. DeWeese, D. D.: Symposium: Medical Management of Dizziness. The Importance of Accurate Diagnosis, Tr. Am. Acad. Ophth. *58*:694 (Sept.-Oct.) 1954.
3. Kunkle, E. C.: Central Causes of Vertigo, J. South Carolina M. A. *50*:161 (June) 1954.

3. Inability to Stand on One Foot

A patient's inability to stand on one foot without lurching may be a helpful test in distinguishing between "dizziness" which is purely psychogenic and that which is of organic origin.

SEARLE



NEW TYPE CONNECTOR

This new tapered adapter is easily inserted in catheter funnel and provides a strong, non-slip connection.

Bardic *Disposable* Bedside Plastic Drainage Tube

TIME SAVING • ECONOMICAL • EFFICIENT

STERILE PACKED — The Bardic Disposable Plastic Drainage Tube has a sterile fluid path and is packaged in an individual box ready for use.

LOWERS COST — Eliminated are the estimated costs of expensive rubber tubing and separate connectors. Each inexpensive Bardic Tube can be charged directly to a patient's account.

SAVES TIME — Eliminated also is the costly time of sterilizing, reconditioning and resterilizing drainage tubes.

EASILY ATTACHED — Each 5 ft. Bardic Drainage Tube has an adapter to connect one end to an indwelling catheter.

KINKING PREVENTED — The heavy wall thickness of the Bardic Plastic Drainage Tube prevents kinking.

DRAINAGE ASSURED — Two sizes of lumen are available. The regular size is ample for normal drainage. The larger size for use where drainage might be impaired by blood clots.

ACTUAL SIZE

Note the Thick Non-Kinking Wall

C. R. BARD, INC.
SUMMIT, N. J.

"There Is No Satisfactory Substitute for Quality"

my colleagues in other specialties will complain whenever I get a decent fee from a private patient!

M.D., California

Blue Shield and A.M.A.

SIRS: In his article "Can Blue Shield Meet the Competition?" Dr. Morris Crothers says: "Blue Shield has never had any real help from the medical profession on a national scale. The A.M.A. has generally shown little interest in it." This is only too true.

Back in 1931, my county medical society was attempting to set up a prepayment plan. But the Michigan doctor who was then speaker of the A.M.A. House of Delegates warned us in no uncertain terms that if we voted any kind of insurance plan through, we'd no longer be considered a component of the A.M.A. As a result, the matter wasn't even brought up again for a number of years . . .

Joseph E. Rosenfeld, M.D.
Battle Creek, Mich.

Surgeon's Skills

SIRS: One of your correspondents suggests that the surgeon would save time and energy if he asked a nurse to sew up after an operation. Since "she learned to stitch in childhood," it seems she'd do a better job than the doctor. [MORE ▶

That's a fine thought! Only it needs elaboration. Why not, for example, call in a sailor to tie the knots, since he's a real expert in that line? Or if the hospital is too far inland, the surgeon can summon a Boy Scout.

If this doesn't save enough of the doctor's time, he might get a butcher to make the incision. Millions of surgeon-hours could undoubtedly be saved by handing each of the technical details of an operation to someone who can supply the particular skill needed.

In fact, eventually *all* the surgeon's time would be saved, and he could then spend his days on the golf course.

Edward D. Morton, M.D.
Ogden, Utah

Reception-Room TV

SIRS: Your article "TV or Not TV?" makes me wonder: Isn't the doctor's appointment system inadequate if he has to have reception-room television to console his patients?

G. C. Kreamer
Professional Management
Waterloo, Iowa

SIRS: Most mothers have to ration TV in their homes. I question whether they'd appreciate having their children exposed to an extra dose of it on each visit to the physician's office.

Frank Howard Richardson, M.D.
Asheville, N.C.

END

Lift the depressed patient up to normal without fear of overstimulation . . .

with new

Ritalin®

A HAPPY MEDIUM IN PSYCHOMOTOR STIMULATION

• *Boosts the spirits, relieves physical fatigue and mental depression . . . yet has no appreciable effect on blood pressure, pulse rate or appetite.*

Ritalin is a mild, safer central-nervous-system stimulant which gently improves mood, relieves psychogenic fatigue "without let-down or jitters . . ."[1] and counteracts oversedation caused by barbiturates, tranquilizing agents and antihistamines.

Ritalin is not an amphetamine. Except in rare instances it does not produce jitteriness or depressive rebound, and has little or no effect on blood pressure, pulse rate or appetite.

Reference: 1. Pocock, D. G.: Personal communication.

RITALIN® hydrochloride (methyl-phenidylacetate hydrochloride CIBA)

Average dosage: **10 mg. b.i.d. or t.i.d. Although individualization of dosage is always of paramount importance, the high relative safety of Ritalin permits larger doses for greater effect if necessary.**

Supplied: **Tablets, 5 mg. (yellow) and 10 mg. (blue); bottles of 100, 500 and 1000. Tablets, 20 mg. (peach-colored): bottles of 100 and 1000.**

2/2193M

CIBA
SUMMIT, N.J.

MENNEN BABY MAGIC
Actually prevents
and heals diaper rash!

A THREE-HANDED ASSISTANT...

MENNEN BABY OIL
A better, safer cleanser
than soap!

IN THE FIGHT AGAINST DIAPER RASH!

MENNEN BABY POWDER
It's wet-resistant; protects
babies better against
diaper rash, chafing!

MENNEN... Baby Specialist since 1880

"Active iron"...

an important characteristic of the four Heinz Baby Cereals

HEINZ Barley – barley flour, yeast, tricalcium phosphate, salt, iron, niacin, thiamine.

HEINZ Oatmeal—oat flour, dicalcium phosphate, salt, calcium carbonate, iron, niacin, thiamine.

HEINZ Rice – rice, vegetable shortening, yeast, tricalcium phosphate, salt, iron, niacin, thiamine.

HEINZ Mixed Cereal Food –oat, wheat and corn flour, yeast, tricalcium phosphate, salt, iron, niacin, thiamine.

- **All four** Heinz Baby Cereals are fortified with added nutrients to increase their value to the infant's diet. One of the most important of these is reduced, or ferrous iron.
- **Heinz calls this** "active iron" and it's a development of Heinz Research.
- **"Active iron"** is completely absorbable. Two tablespoons of any of these cereals give an infant 50% of his daily requirement.
- **Other nutritive fortification includes:** Dried yeast, di-calcium and tricalcium phosphates, calcium carbonate, and niacin and thiamine hydrochloride in synthetic form.
- **Heinz Pre-Cooked Baby Cereals** are backed by an 87-year-old reputation for high quality. You can recommend them with complete confidence.

Heinz Baby Foods

THEIR PREPARATION IS OUR MOST IMPORTANT TRUST

57

Over 70 Better-Tasting Kinds

H. J. HEINZ COMPANY
Pittsburgh, Pennsylvania

little

How to win friends ...

The Best Tasting Aspirin you can prescribe.

The Flavor Remains Stable down to the last tablet.

25¢ Bottle of 48 tablets (1¼ grs. each).

We will be pleased to send samples on request.

THE BAYER COMPANY DIVISION

of Sterling Drug Inc.

1450 Broadway, New York 18, N. Y.

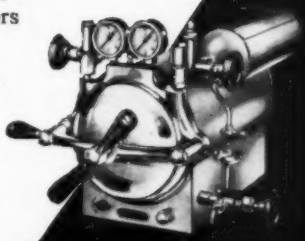
HEPATITIS*...in your office?

It has been estimated that up to 6 per cent of the population may be carriers of virus B (serum hepatitis).†

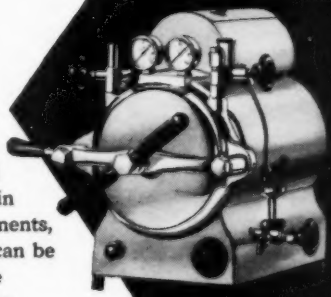
YOUR PATIENTS ARE ENTITLED TO COMPLETE PROTECTION FROM CROSS-INFECTION

Be Safe—Be Sure

AUTOCLAVE



(FL2—6" x 12" chamber)



(HP-2—8" x 16" chamber)

Also Model LV-2 12" x 22" chamber

Only in an autoclave can you achieve complete sterilization of unwrapped instruments in 3 minutes at 270°F (27 lbs.) or 10 minutes at 250°F (15 lbs.).

These high speed Pelton models are self-contained and easy to operate, assuring certain destruction of bacteria. Instruments, gloves, fabrics and solutions can be accommodated with complete safety. Call or write today for literature on Pelton autoclaves.

**Now in 2nd place on U. S. Public Health Service List of Selected Notifiable Diseases.*

†"The Management of Viral Hepatitis," by Hyman J. Zimmerman, M. D., Journal of American Academy of General Practice, June 1955

the Pelton & Crane company

CHARLOTTE 3, NORTH CAROLINA

Fine Professional Equipment Since 1900

What do you want in an analgesic?

Percodan®*

(Salts of Dihydrohydroxycodeinone and Homatropine, plus APC)

FOR PAIN

Better than codeine plus APC

speed acts faster than codeine plus APC—usually within 15 minutes[1, 2]

duration relieves pain longer than codeine plus APC—usually for 6 hours with virtual freedom from constipation[1, 2]

Average adult dosage, 1 tablet q. 6 h. Supplied as scored, yellow oral tablets. May be habit-forming. Literature? Write—

Endo®

ENDO LABORATORIES INC. Richmond Hill 18, New York

1. Blank, P., and Boas, H.: Ann. West. Med. & Surg. 6:376, 1952.
2. Piper, C. E., and Nicklas, F. W.: Indust. Med. 23:510, 1954.

*U.S. Pat. 2,628,185

when
ivy leaves
its mark...

ZIRADRYL®

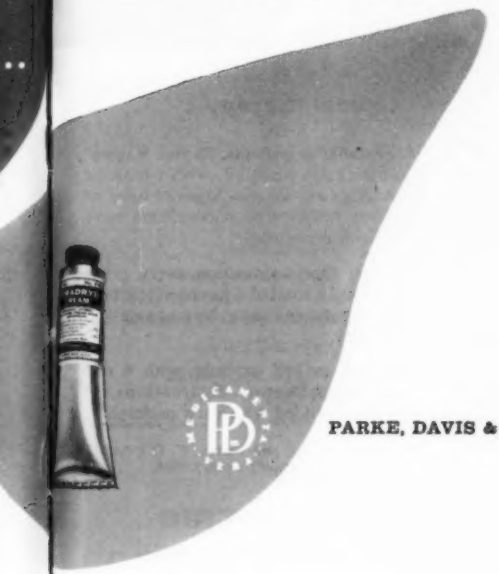
Benadryl® Hydrochloride with Zirconium

now available in Lotion

as well as in Cream form

ZIRADRYL Cream and **ZIRADRYL** Lotion are compounded to aid in the prevention and treatment of poison ivy and poison oak dermatitis. **ZIRADRYL** contains Benadryl which controls the allergic process by relieving itching, and also contains zirconium oxide, which neutralizes the plant toxin.

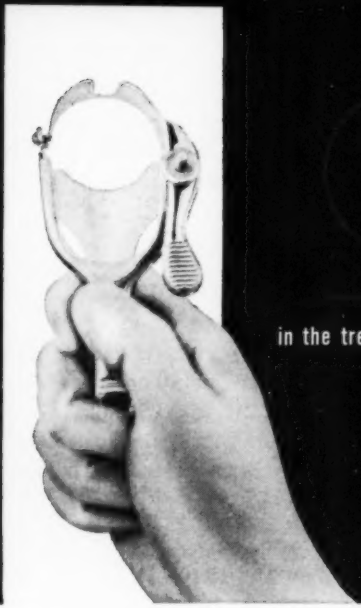
ZIRADRYL Cream is available in 1-ounce tubes.
ZIRADRYL Lotion is available in 6-ounce bottles.



PARKE, DAVIS & COMPANY · DETROIT, MICHIGAN

80040

AN ADVANCE



in the treatment of vaginitis

new . . . simple . . . effective . . . topical therapy

Clinical evidence shows Sterisil Vaginal Gel to be highly effective not only against Trichomonas and Monilia, but against the newly discovered pathogen *Hemophilus vaginalis* (now believed to be the etiologic organism most frequently responsible for so-called "non-specific" vaginitis and leukorrhea).*

High tissue affinity of Sterisil assures prolonged antiseptic action; vaginal secretions are less likely to remove Sterisil from the site of application. Sterisil is also more convenient for the patient. Fewer applications are required for successful treatment.

Acceptable to patients, Sterisil Vaginal Gel is easily applied, won't leak or stain, requires no pad. Signs of local or systemic toxicity or sensitization have not been reported.

Dosage: One application every other night until a total of 6 has been reached. This treatment may be repeated if necessary.

Supplied in 1½ oz. tube with 6 disposable applicators. Instructions for use are included with each package.

*Gardner, H. L., and Dukes, C. D.: Am. J. Obst. & Gynec. 69:962 (May) 1955.

STERISIL® VAGINAL GEL

Brand of hexetidine

WARNER-CHILCOTT

*not a blemish on her

Desiccate those unsightly, possibly dangerous skin growths with the ever-ready, quick and simple to use Hyfrecator. More than 100,000 instruments in daily use.

THE BIRTCHER CORPORATION

Department ME-756

4371 Valley Blvd.

Los Angeles 32, California

Please send me your new full-color brochure showing step-by-step technics for removal of superficial skin growths.

Doctor_____

Address_____

City_____ Zone____ State_____

Enriched Bread...

in the Ideal Reducing Diet

High in palatability and high in many nutrients, enriched bread shares notably in helping make the reducing regimen appealing and adequate nutritionally. In so doing it helps "to assure weight reduction without irritability and personality change" as well as "to avoid self defeat due to physical weakness and consequent inactivity."* Furthermore, the "ideal reducing diet" makes for increased likelihood of a permanent change from excessive eating to normal food habits "tuned to self control rather than outright abnegation."

Providing generous amounts of protein, B vitamins, and minerals, enriched bread goes far toward making the low caloric regimen adequate in these nutrients. Its protein, containing an average of 10.5 per cent of milk protein, functions for growth and repair of tissues as well as for maintenance. Fresh or toasted, or as tasty sandwiches, enriched bread provides eating satisfaction, an essential for making the reducing regimen tolerable.

The nutritional statements made in this advertisement have been reviewed by the Council on Foods and Nutrition of the American Medical Association and found consistent with current authoritative medical opinion.

Contribution of 6 Slices of Enriched Bread

	Nutrients and Calories	Percentages of Allowances**
Protein	11.7 Gm.	18%
Thiamine	0.33 mg.	22
Niacin	3.0 mg.	20
Riboflavin	0.21 mg.	13
Iron	3.3 mg.	28
Calcium (average)	122 mg.	15
Calories	379	13

*Berryman, G. H.: Obesity—A Brief Review of the Problem, Metabolism 3:544 (Nov.) 1954.

**Percentages of daily allowances for fairly active man 45 years of age, 67 inches in height, and weighing 143 pounds: Recommended Dietary Allowances, Washington, D.C., National Academy of Sciences—National Research Council Publication 302, 1953.

AMERICAN BAKERS ASSOCIATION 20 North Wacker Drive • Chicago 6, Illinois

announcing

STORCAVITE*

a new pregnancy formula with phosphate-free calcium derived from oyster shell

plus vitamins **plus** minerals **plus** hematinic factors

Each **STORCAVITE** tablet contains:

Calcium (elemental) (purified powdered oyster shell 3 parts) (Calcium gluconate 1 part)	67 mg.	Calcium Pantothenate	2.5 mg.
Vitamin A	2,000 Units	Vitamin C	33.4 mg.
Vitamin D	200 Units	Folic Acid	0.05 mg.
Vitamin E (tocopherols)	1 I.U.	Vitamin B_{12}	1 mcg.
Vitamin B_1	1 mg.	Iron (reduced)	10 mg.
Vitamin B_2	1 mg.	Copper	0.3 mg.
Vitamin B_6	0.5 mg.	Cobalt	0.03 mg.
Niacinamide	5 mg.	Manganese	0.3 mg.
		Molybdenum	0.03 mg.
		Magnesium	10 mg.
		Zinc	0.2 mg.
		Potassium	1 mg.

Dosage: 3 tablets, daily with meals. **Supplied:** Bottles of 100.

†Due to improper calcium-phosphorous balance *TRADEMARK

ROERIG Rx

CHICAGO 11, ILLINOIS

UNITENSEN*-R

a combination ideally suited for treating moderate to severe hypertension where blood pressure has to be lowered

UNITENSEN + RESERPINE = UNITENSEN-R

ADVANTAGES	ADVANTAGES	COMBINES THE ADVANTAGES OF EACH ELIMINATES THE DISADVANTAGES OF BOTH
positive, dependable lowering of blood pressure	mild, hypotensive action	easier to prescribe because of the single dosage form
safety . . . no postural hypotension, bladder obstruction or renal complication	calming . . . tranquilizing effects	dependably lowers blood pressure
improvement of total circulation and increased cardiac efficiency	safety	economical
economy	well tolerated in average doses	the component drugs "acting in concert"[1] cut dosage requirements in half . . . practically eliminating side reactions
DISADVANTAGES	**DISADVANTAGES**	therapy with complete safety
nausea and emesis in higher dosage	slow acting	
some flatulence, nervousness and urinary frequency	not effective alone in moderate and severe hypertension	
	may cause nasal stuffiness, weight gain . . . depression in some patients	

1. Cohen, B.M.; Cross, E.B., and Johnson, W.: Am. Pract. 6: 1030, 1955.

UNITENSEN*-R

also available: **UNITENSEN*** tannate tablets
(contain cryptenamine 2 mg.)

TO SERVE YOUR PATIENTS TODAY—Call your pharmacist for any additional information you may need to help you prescribe Unitensen-R. He has been especially alerted.

Each tablet contains:
Cryptenamine (as the tannate salt) 1 mg.
Reserpine 0.1 mg.

For prescription economy: prescribe Unitensen-R in 50's

1 tablet t.i.d.

*T. M., Reg. U.S. Pat. Off.

IRWIN, NEISLER & COMPANY • DECATUR, ILLINOIS

Views

Doctors and Drug Firms

A few years ago, disturbing rumors began to drift through medical circles. There was collusion in prescription writing, it was said, between some doctors and some druggists.

The doctors were allegedly buying stock in local drug houses, then raking in "dividends" based on the number of prescriptions they wrote for the firm's products.

For a while the talk remained just talk. Then one day in 1952, a New York newspaper bared the facts—including names and addresses—on its front page. Whereupon the state's Attorney General moved in.

Before he'd finished, six drug firms were put out of business. Over 600 M.D. stockholders in these firms lost their investments and varying parts of their professional reputations. Similar investigations were started in half a dozen other states. And medicine suffered another black eye.

That scandal has been buried. The public has probably forgotten it. But scandals are easily resurrected—as this one may well be:

Reports have reached us that doctor-and-druggist-owned pharmaceutical houses are springing up again in such states as Pennsylvania, New York, Virginia, South Carolina, Texas, and Florida. Scores of doctors are being persuaded to buy stock in them and to serve on their boards of directors.

Whatever their investment merits, these firms have one big strike against them: They tempt the doctor-stockholder to play favorites for financial gain in writing prescriptions.

He may resist the temptation. But in the eyes of the law he remains under suspicion—and doctors should be above suspicion.

Does this mean that a physician who owns stock in one of the well-established pharmaceutical houses should sell out? Of course not. The dividends he gets from such a company couldn't be affected by the

prescriptions he writes. This point has been well expressed by a prominent New York physician who got entangled in the 1952 investigation:

"It's perfectly proper for a doctor to own the stock of a pharmaceutical company that's publicly traded on a recognized stock exchange. But for his own good, he'd better avoid unlisted drug stocks—or any drug stocks bought thrqugh private arrangement."

Savings Tip

Where should a doctor put his spare cash?

He can get a good return from savings banks: as much as 3½ per cent, in some areas. This has led some men to neglect Government savings bonds (Series E) that pay a slightly lower interest rate.

In our opinion, the neglect is unwarranted. Series E bonds have a tax advantage that seems made to order for physicians—especially physicians over 40:

If you buy a Series E bond tomorrow, you can delay paying income taxes on the interest for almost twenty years. By that time, you'll probably be in a lower tax bracket. So you'll be able to keep a larger percentage of the profits.

The most recent study of physicians' incomes shows that G.P.s reach peak earnings in their early and middle forties. Specialists reach peak earnings in their late forties and early fifties. Thereafter, incomes—and income taxes—decline.

According to the averages, a G.P. who nets $15,000 when he's 43 may net no more than $8,000 when he's 63. His top tax rate will thus decline from 47 per cent to 30 per cent.

Similarly, a specialist earning $20,000 at age 50 may be down to $11,000 by the time he's 70. That changes his maximum tax rate from 53 per cent to 38 per cent. (He also gets an additional exemption once he's passed his sixty-fifth birthday.)

The moral? Simply this: By buy-

ing Series E bonds, then letting the interest accumulate tax-free for the allowable nineteen and two-thirds years, G.P. and specialist alike will save money.

That's worth keeping in mind when comparing interest rates paid by savings bonds, savings banks, and savings and loan associations. Series E bonds have a hidden advantage that doesn't show up in the tables.

Help for Newcomers

When the typical physician moves into a new community, he's acutely conscious of all the things he doesn't know. He may be ignorant of some state health regulations. He may be ignorant of the local facilities and institutions to which he can refer patients.

In fact, we doubt if one newcomer in ten could pass an examination like this:

¶ What are the two psychiatric hospitals nearest your new location? What's the daily cost of hospitalization in each?

¶ How do you go about getting a patient examined by the public tumor clinic? Or is there one?

¶ What public and private facilities are available to help you with the treatment of crippled children?

¶ After what point in the patient's pregnancy must you file a

Rauwiloid®

A FIRST THOUGHT IN HYPERTENSION
EVERY GRADE... EVERY TYPE

original alseroxylon — all the desirable alkaloids of India-grown Rauwolfia serpentina, Benth.

mutually potentiated action — high clinical efficacy because of interpotentiation of contained alkaloids

freed from undesirable alkaloids — yohimbine-like and other undesirable substances in the Rauwolfia root are removed

virtually no serious side actions — on the occasions when side actions are encountered, they are notably mild

especially suitable for long-term therapy — no alteration in patients' tolerance, no chronic allergic toxicity, no latent undesirable actions

easy to prescribe — simple regimen—merely two 2 mg. tablets at bedtime; for maintenance 1 tablet usually suffices.

Riker
LOS ANGELES

birth certificate for stillborn children?

A newcomer who can answer such questions is doing remarkably well. Unless, that is, he's a newcomer to Iowa. Then he should have the answers to all four. He can look them up in his free copy of the Iowa State Medical Society's "Handbook of Resources Available to Physicians."

While not unique, the Iowa handbook is the most recent—and surely one of the best—of the information books available to physicians. It spells out almost every law and describes almost every institution that could be of interest to an Iowa practitioner. From birth certificate to death certificate to a list of the agglutination tests performed by the State Hygienic Laboratory, the book supplies medical men with the details they too often have to learn piecemeal.

Similar compendiums in every state could do much to help our shifting population of physicians.

The Price of a Shingle

Ever wondered what it really costs to become a practicing physician nowadays?

About 5,000 internes and residents will be entering private practice this month. By the time the typical young man opens his office,

"SANBORN"
never leaves your office

A Viso-Cardiette owner finds that *service* — in many forms — is *always present*. It's just as if a Sanborn man were always standing by, ready to help him get the greatest usefulness from his Viso-Cardiette. Here are the ways Sanborn serves you:

Centrally located Sanborn Branch Office men have a *direct responsibility* towards your complete and continuing satisfaction with the Viso. They have special abilities, and complete stocks of supplies, accessories and instruments are quickly available.

Viso *designers* at the home office also may be consulted at any time on the technical aspects of special problems.

The popular, bi-monthly "Technical Bulletin" has been sent free-of-charge to owners for the past 35 years. It gives you and your technician helpful, current information on ECG and BMR testing techniques . . . typical questions and answers based on fellow-users' experience . . . facts about new Sanborn equipment and accessories.

A fourth way Sanborn serves is through advanced instruction available as correspondence courses at small cost. The thousands who have completed these courses, together with those currently enrolled, attest to their value and acceptance.

Write for descriptive literature on the Viso-Cardiette and details of a 15-day, no-obligation-to-you clinical test plan.

SANBORN COMPANY, CAMBRIDGE 39, MASS.

he will have invested close to $40,000 in simply becoming a doctor. And if he's had specialty training, the real cost of hanging up his shingle will reach $50,000.

Interested in figuring out your own professional price tag? It's easy once you know how the above figures were arrived at. So let's take a look at the financial history of the average doctor-in-training:

He begins his slow march toward private practice with four years of college. Each of these costs him about $1,500 in out-of-pocket expenses. Four years @ $1,500 equals *$6,000.*

When our young student enters medical school, his expenses go up at once. Each of the next four years will cost him about $2,300.* Four years @ $2,300 is *$9,200.*

Meanwhile, most of his college classmates are out earning money. During each of his four years at medical school, they'll be getting salaries that average at least $4,000. Four years @ $4,000 means an earnings loss to the medical student of *$16,000.*

When the brand-new M.D. moves into interneship, he begins to earn some money of his own: perhaps $1,000 for the year. Meanwhile, however, his college classmates are averaging about $5,000. That makes an additional earnings loss of *$4,000.* [MORE ▶

*According to the Association of American Medical Colleges, the average medical student pays these annual bills: $1,350 for board, room, and personal items; $800 for tuition; $150 for books and supplies.

The young physician may now enter practice—provided he has the money to equip an office. According to a MEDICAL ECONOMICS survey, a beginning doctor spends a total of *$3,500* on furnishings and equipment.

Add up the italicized figures and you'll find that today's new G.P. has invested *$38,700* in himself.

Today's new specialist, of course, has undergone additional years of earnings loss. While he was a resident earning about $2,500 a year, his college classmates were averaging at least $6,000. Multiply the difference by the years of residency —say, four years, @ $3,500. You get an additional earnings loss of *$14,000*, bringing the specialist's total investment to *$52,700*.

Considering the foregoing, it's perhaps understandable why the new physician—when at last he *does* get going—feels he deserves a higher income than, for instance, the bricklayer. END

We're Looking For Tips

We mean tips on nontechnical procedures or devices you've found helpful in conducting your practice more efficiently. MEDICAL ECONOMICS will pay $10-$25 for original ideas accepted for publication. Address The Editor, Medical Economics, Oradell, N.J.

gentle

is the word

for Noludar

Mild, yet positive in action, Noludar 'Roche' is especially suited for the tense patient who needs to relax and remain clear-headed—or for the insomniac who wants a refreshing night's sleep without hangover. Not a barbiturate, not habit-forming. Tablets, 50 and 200 mg; elixir, 50 mg per teasp.

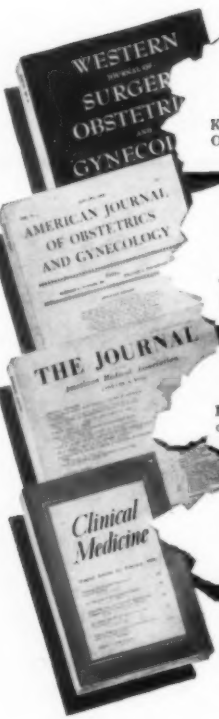
Noludar® brand of methyprylon (3,3-diethyl-5-methyl-2,4-piperidinedione)

ROCHE

Original Research in Medicine and Chemistry

TAMPAX

a clinically accepted method of menstrual hygiene



"Free from harm or irritation to the vaginal and cervical mucosa."

Karnaky, K. J.: Western Journal of Surgery, Obstetrics and Gynecology, Vol. 51, pp. 150-152.

"No evidence that the use of the tampon caused obstruction to menstrual flow."

Thornton, M. J.: American Journal of Obstetrics and Gynecology, Vol. 46, pp. 259-265.

"Does not impair standard anatomic virginity."

Dickinson, R. L.: The Journal of the American Medical Association, Vol. 128, pp. 490-494.

"Easy and comfortable to use and eliminated odor."

Sackren, H. S.: Clinical Medicine, Vol. 46, pp. 327-329.

Three absorbencies: Junior, Regular, or Super Tampax meet varying requirements.

TAMPAX

Professional samples and reprints of these papers furnished on request.

Tampax Incorporated, Palmer, Massachusetts ME-76

RUN DOWN?

'Troph-Iron' is a truly delicious way to restore full-blown vigor and vitality to tired, weak and listless patients of all ages—particularly children. The high potency B_{12}-B_1-Iron formula *stimulates appetite and growth, and corrects nutritional iron deficiency.*

TROPH-IRON*

Smith, Kline & French Laboratories, Philadelphia

*Trademark

29,624,500*

Professional Printing Company, Inc.

AMERICA'S LARGEST PRINTERS TO THE PROFESSIONS

1313 Fourth Avenue, New Hyde Park, N. Y.

*That's how many we printed in '55 – plus the other HISTACOUNT products

interchangeable SYRINGES

- Every piston fits every barrel of identical size.
- Savings through reduced replacement costs.
- Engineered with absolute precision.
- Vim means lasting performance, maximum satisfaction.
- Always specify Vim to your surgical dealer.

For complete details write to: **MacGREGOR INSTRUMENT CO., NEEDHAM, MASSACHUSETTS**

The High Protein Diet fits any budget!

Getting enough high-quality protein in your patient's diet need not be expensive. It is often a matter of reinforcing meat protein with other protein foods.

Mix a protein bonus in the main dishes—

Your patient can add skim milk powder to meat loaf—then hide hard-cooked eggs inside.

A fluffy omelet folded over penny-sliced frankfurters, is both tempting and economical.

And a green salad topped generously with shoestrings of meat and cheese carries its weight in protein.

Then add more to the rest of the meal—

Cottage cheese is happily versatile. It tops any salad; makes a pleasing spread on dark breads; or thinned with milk and mixed with chili sauce, it's a zesty salad dressing.

An egg white or gelatin whipped into fruit juice makes a frothy flip.

And a fruit-cheese dessert is a gourmet's delight. Pears go with blue cheese, apples with Camembert, orange sections with cream or cottage cheese.

Even in the budgetwise diet, variety is not only possible but necessary to assure adequate intake of the essential amino acids. And a glass of beer* along with it can add zest and flavor to any meal.

United States Brewers Foundation
Beer—America's Beverage of Moderation

*Protein 0.8 Gm. Calories 104/8 oz. glass (Average of American Beers)

If you'd like reprints of 12 different diets, please write United States Brewers Foundation, 535 Fifth Ave., New York 17

Planning Your Family's Financial Future

It calls for the combined thinking of five or six people. This case history dramatizes the dollar benefits proper planning can bring

By Horace Cotton

What with fixed office hours and regular hospital rounds, your professional life is probably planned ahead well into the foreseeable future.

Your economic life probably isn't.

This shouldn't be surprising. Once a doctor has paid for his education and for setting himself up in practice, he gets a great feeling of financial accomplishment. From that point on, he buys life insurance, he saves some of his earnings, he may even invest a bit. But he does these things without being acutely conscious of specific goals.

Unfortunately, the man who doesn't point toward specific goals may pay a high price for his casual approach. I'm convinced that if you devote some time *now* to planning your economic future, you and your family will be better off by thousands of dollars *later*. [MORE ▶

THE AUTHOR is *director of Professional Management, Charlotte, N.C.*

Let me tell you about a physician I'll call James A. Benson. The story of his financial planning—why and how he did it—may help you reassess your own economic goals and find better ways of achieving them. More important, the case history that follows may encourage you to do these things before it's too late for best results.

Where Planning Starts

Dr. Benson's assets:

Life insurance	$ 55,000
Residence	40,000
Medical office	25,000
Stocks	15,000
Bonds	11,000
Summer cottage	8,000
Office equipment	6,000
Savings account	5,000
Home furnishings	4,000
Personal effects	2,500
Car	1,000
Checking account	1,000
	$173,500

Dr. Benson's liabilities:

Mortgage on home	$14,000

Here and in the accompanying article, most figures have been rounded off.

At 46, Dr. Benson is a successful surgeon in an East Coast town of 6,000. Patients come to him from all over the county, which has a total population of 60,000. Dr. Benson's net taxable income last year was about $36,000. He owns a $25,000 office building free and clear; it's spacious enough to accommodate a possible partner in the future if that seems desirable.

How He Began

The doctor became a full-fledged financial planner quite by accident:

One morning about six months ago, he asked my opinion of a new $10,000 life insurance policy he was thinking of buying. The policy itself sounded fine to me, but I hesitated to say so immediately for this reason:

I knew he already had several policies on himself, his wife, and his children. I knew his earnings had been rising steadily. I suspected he was at the point where it was important to re-examine his financial affairs in general. So I suggested we arrange for an extended discussion.

He invited me to his home that very evening.

When I arrived at the ranch-style house, the doctor's three children were shooed off to bed. Then the senior Bensons and I settled down for a talk.

Basic Questions

I began by explaining why I felt there was more at stake than just the question of whether or not to buy some extra insurance. "It's a good time," I said, "to ask yourself a few questions about the future. For instance: What do you want in the way of income for your family if you should die prematurely? How about funds for the children's education? What about retirement income for you and your wife?

"You should be about ready to provide exact answers to such questions—and to plan your affairs accordingly. You want to build the largest estate possible and to pass it along to your family with minimum shrinkage due to death taxes. The decision about whether to buy more insurance —and if so, how much—should be made only after you have a clear picture of your total requirements."

The doctor looked surprised. "Has Mrs. Benson been coaching you?" he asked. "That's almost exactly what's *she's* been saying. And I can tell you what I've been telling her: I think our finances are in pretty good shape. Including life insurance, our assets come to almost $175,000."

"That's a tidy figure," I said. "But it *may* be deceptive. Suppose we analyze it."

As I'd suspected, it soon became clear that if he were to die at the present time, Mrs. Benson would have to manage on far less than $175,000. Here's why:

Some assets—the $40,000 family home, for instance—obviously weren't to be liquidated. So Mrs. Benson's *available* capital would be cut down by at least that much. Then, too, certain final expenses would have to be deducted. I jotted down some rough estimates of these:

Final illness and death expenses	$ 3,500
Mortgage on home	14,000
Court, assessor, and executor fees	5,600
Legal fees	2,900
Estate and inheritance taxes	4,500
	$30,500

So if Mrs. Benson were wid-

owed, it seemed that she'd actually have some $100,000 in usuable assets. "Even that much," I pointed out, "if invested at a safe 3½ per cent, would yield only $3,500 a year on which to raise the family. She *could* draw on capital while the children were growing up. But would you want that?"

The doctor looked thoughtful. "Suddenly I feel poor," he remarked.

I hastened to reassure him: "You have all the elements that go into a sound financial plan—earning power, insurance, savings, investments. But perhaps you don't have them arranged properly, so that they dovetail."

"Then let's *make* them dovetail," said the doctor. "How do I begin?"

"You begin," I replied, getting to my feet, "by thinking over some of the points we've discussed. Between the two of you, you've got to decide on your objectives. Then you've got to estimate how much money it will take to attain those goals. After that, perhaps I can help you figure out the best way of providing the money."

Choosing the Goals

About a week later, Dr. Benson dropped into my office. "Well," he said, "Mary and I have reached some conclusions. Shall I tell you what they are?" I nodded and he went on:

"Let's consider the more pleasant prospect first. Suppose I live till retirement—probably sometime in my sixties. In that case, there's no problem. Even if I don't maintain my present rate of earnings, I'll have enough money to educate and launch all three kids. And there'll be more than enough left over to finance a comfortable old age for Mary and me.

"But suppose I don't live long enough to retire. I must see to it that the kids get their educations and Mary her comfortable life even if I die before my next birthday."

The doctor handed me a sheet of paper. "These," he said, "are the minimum benefits I'd like to provide my family."

Here's what Dr. Benson had written down:

"1. I want to leave Mary our home completely debt-free. (There's a $14,000 mortgage on it now.)

"2. I want to make sure she has at least $700 a month for the next eleven years—until Betsy, our youngest, is 18—and $500 a month for life after that.

"3. I want each of the three kids to have $5,000 at age 18 for college expenses. (That may not be enough, considering rising education costs. But at least it's a starter.)"

The doctor leaned forward. "Well, there you are," he said. "Now how do I set up my financial affairs so that the family will have at least that much protection?"

The first step, I told him, was to make a *complete* survey of his assets and liabilities. At his suggestion I undertook the job. I also agreed to find out all I could about his financial affairs from the various people who'd been handling them. "After that," I told him, "we should be ready to proceed with the actual selection of your plan."

Selecting the Plan

I was the middleman—the doctor's representative—in the fact-finding that followed. For example, I visited his lawyer and discussed his will. It was an excellent will of recent date. But there was no complementary will made out by his wife. It seemed desirable that there should be one. (Such a document makes things much easier for the children if both parents die simultaneously in an accident.)

Then I visited a securities analyst to talk over the doctor's stock portfolio. It appeared that a less rigidly conservative investment policy would be fitting for Dr. Benson. The analyst suggested some specific stock switches.

As I talked with these people and others, I got a clearer view of what *I'd* do, if *I* were the doctor, to attain his objectives. I'd recommend, for example, that Mrs. Benson sell the summer cottage and cash in the stocks and bonds if it became necessary to

pay death taxes and settlement costs. This would also take care of the mortgage on her home.

I'd recommend that she keep the savings account ($5,000) as an emergency fund. And I'd recommend that she use two assets left on the list to furnish family income:

Funds for Family

1. *The medical office.* If Mrs. Benson kept it instead of selling it, she could expect about $3,000 a year in rent.

2. *The life insurance.* After thoroughly examining the doctor's policies, his insurance agent told me that all of them together could be utilized to provide the widow with about $2,224 a year for life (assuming that installment payments began at her present age).

From the two recommended sources, Mrs. Benson could count on $5,224 a year in case of the doctor's death. That was still short of the income her husband wanted her to have ($8,400 a year for the next eleven years, $6,000 a year after that). To bring her assured income up to these figures, the doctor would have to buy more life insurance —about $40,000 worth, at an annual cost of $1,400 in premiums.

He could also buy more insurance to pay for the children's education. But if I were the doctor, I concluded, I'd do this another way—by direct saving. I'd regularly set aside a sum earmarked "college fund," and not get overloaded with insurance.

True, the "college fund" wouldn't be big enough if the doctor died tomorrow. But if—as was far more probable—he lived for many prosperous years, it would be the best way. A calculated risk, and one probably worth taking.

College Expenses

Actually, it looked to me as if Dr. Benson could trim current spending and put $2,000 per year per child into a "college fund." Thus, even if he died in a very few years, his desired goal ($5,000 for each youngster) would already be reached. And if he *didn't* die, the savings would grow into a tidy family legacy.

If the Bensons agreed to such a plan, I found out, there were two ways in which the accumulated savings could be handled:

1. The doctor could invest the money in income-producing se-

curities. Under the circumstances, I felt this to be the less desirable course for him. The reason: Though $6,000 a year invested and compounded at 5 per cent would yield an aggregate income in twenty years of $88,000, the doctor would have paid a total of about $46,000 in taxes on such additional income (presuming present rates continued). So the Treasury would benefit more than the Bensons.

2. The money could be placed in three special trusts for the children. And this seemed preferable, since income earned on the principal would be taxed to the trusts at very low rates. Over a twenty-year period, in fact, there'd be income-tax savings of about $29,000. [MORE ▶

"Fill 'er up!"

There'd be another financial advantage to the latter arrangement: If the trusts were properly drawn up, the money so saved wouldn't be counted as among the doctor's assets in figuring out death taxes on his estate. Such taxes would thus be cut about $5,000.

That would mean total tax savings under the trust program of approximately $34,000—an amount equivalent to almost one-fifth of Dr. Benson's present estate.

For all its dollar advantages, though, the recommended trust plan *did* require some sacrifices. I carefully pointed them out when reporting back to the doctor:

What He Gives Up

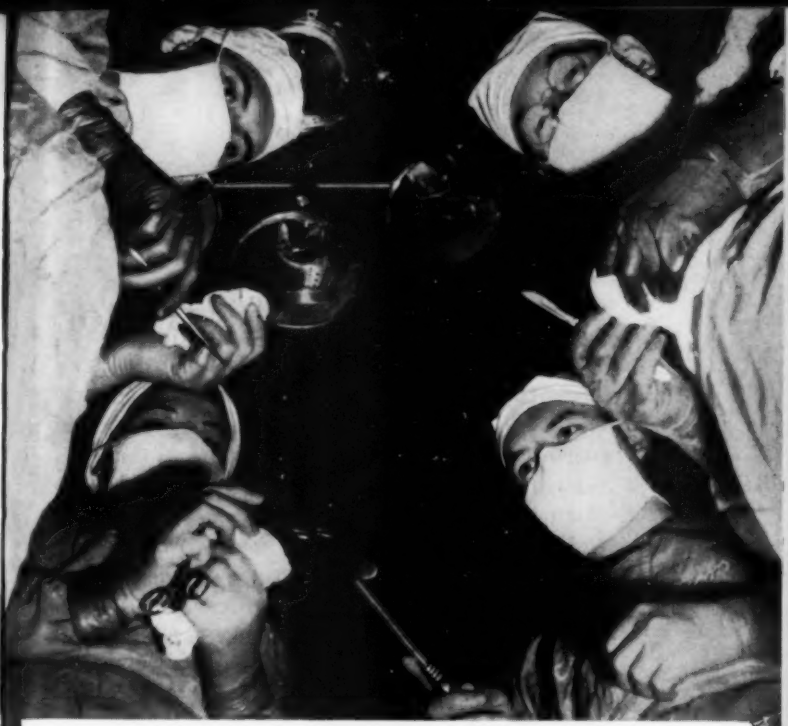
"You'll have to set up what are called 'irrevocable' trusts if you adopt this plan. That means you can never reassume ownership of the money in trust for each of your children; nor will you be able to use any of the trust income. Only thing you'll be able to do if you need extra cash some day is to refrain from contributing to the trust that year. And that will be all right; trusts don't commit you to regular, set contributions.

"Otherwise, while you're alive and the children are minors, the fund will remain untouched—except that it'll grow. When the kids come of age, they get jurisdiction over the money. If you die before that time, the bank you designate as trustee will be empowered to pay for the children's education out of the trust money."

Dr. Benson grew thoughtful. "Relinquishing control of the trust money doesn't really bother me," he said, as if thinking aloud. "The children will eventually inherit what we have. And if I can save thousands of dollars in taxes by giving it to them while I'm alive, that's certainly sensible. What *does* worry me is this: Can we, at present, afford the whole financial plan you've described?"

"Well, it'll mean some belt-tightening," I said. "If you adopt the suggested program, you'll be cutting the family's spendable income by about $7,400 a year. That's the amount you'll be putting into trusts for the children and into new insurance premiums."

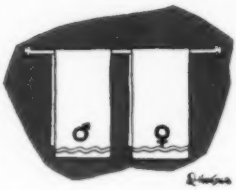
Dr. Benson winced, "Wow!" he said. "That *would* be a sacrifice." He ticked off a few items he'd have to postpone buying. They included [MORE ON 261]



Specialists on the Rise

Specialty (full time)	Number of Specialists		
	1938	1949	1956
Internal medicine	5,688	12,079	16,321
Surgery	5,397	10,363	12,593
Obstetrics/gynecology	2,227	5,267	7,198
Psychiatry/neurology	2,154	4,917	7,048
Pediatrics	2,205	4,480	6,567
OALR or ALR	5,860	6,753	5,970
Roentgenology/radiology	1,472	3,038	4,249
Ophthalmology	1,451	2,849	3,694
Orthopedics	984	2,109	3,083
Urology	1,643	2,274	2,746

Source: American Medical Association



If a Doctor Wed a Doctor...

...need a doctor cry? Not at all, these practitioners say, provided you don't mind surprises in your professional life

By Hugh C. Sherwood

Some years ago, a comely female interne and a good-looking male interne were called into the office of their hospital's medical director. The director flushed and stammered for a few seconds, then finally came to the point:

A maid had told him the two internes were in the habit of sleeping together in one of the hospital's rooms. Was there any truth to the story?

The internes had to admit there was. But, they added quickly, there was an extenuating circumstance: They were married.

The director sighed and shook his head. He was afraid they'd have to make some other arrangement, he said. The board of directors didn't approve of the hospital's being used for such—er—purposes.

Since that time, many hospitals have built quarters for married internes. But doctor-doctor couples still face

peculiar difficulties from the very start. MEDICAL ECONOMICS has taken a journalistic look at thirty such couples; and it has found that they're never entirely safe from odd happenings the average practitioner probably never thinks about.

Like the couple just mentioned, most doctor-doctor pairs meet—and often marry—during medical training. And their romances are likely to get off to rocky starts.

Take, for instance, the Frank Quattlebaums of St. Paul, Minn. (she practices as Dr. Jane Hodgson). They met as internes at the Jersey City Medical Center. But they were assigned to duty on alternate nights; so they couldn't even date until their assignments were changed.

Once out in practice, most of the surveyed couples chose different branches of medicine. (Not surprisingly, many of the wives—but only a few of the husbands—chose pediatrics.) Yet a number of them share offices and equipment. They say they find such an arrangement both economical and convenient. But it also presents some problems.

Most frequent problem, as one bride of long standing puts it: "We're always playing the game of patient, patient, who gets the patient?"

Drs. David and Kathryn Azar, for instance, do general practice together in Childersburg, Ala. Although Dr. Kathryn limits her practice to women and children, she's found that many older women prefer to be treated by her husband.

[MORE ▶

IF A DOCTOR WED A DOCTOR . . .

"If he's not in," she says, "they excuse themselves and come back later. There's nothing wrong with that. But what *does* bother us is that there are several male patients who insist on seeing *me*."

'Patient-Stealing'

Even couples that don't share an office find themselves occasionally sharing *patients*, whether they want to or not. Drs. Robert and Elizabeth Baldwin of Marshfield, Wis., (he an internist, she a G.P.) constantly accuse each other of "stealing" patients. "What's worse," they point out good humoredly, "the guilty party often has the gall to ask the innocent one for advice on treatment."

Then, of course, there's that common occurrence in the two-doctor household: the message intended for one that's picked up by the other. Not long ago, one man came in from his office, glanced at a note left on the hall table by the maid, and rushed out again.

You've guessed the pay-off: His wife had got to the patient's bedside first and was already writing prescriptions.

Children can be of help in averting such mix-ups. The Baldwins' little daughter, for instance, once had an effective device for determining which of her parents was wanted. "Do you want the lady doctor," she would inquire of telephone callers, "or just the plain doctor?"

But children may also present both the biggest medical and the biggest domestic problems to the doctor-doctor couple. Many of

MEDICAL DUOS like those pictured here (opposite page, Dr. and Mrs. Frank Quattlebaum; left, Dr. and Mrs. William Berenson; above, Dr. and Mrs. David Azar) often begin courtship during medical training. Says one couple: "We understand each other's problems better than married people do who are not pursuing the same careers."

the surveyed physicians have three or four offspring; and, to quote one wife, "We women may be fine doctors, but we haven't yet learned how to have babies without taking a few minutes off from our jobs."

Actually, a few of the women say they've had to stop work for only a couple of weeks at such times. Others have stayed out for as long as six months. Their husbands have usually handled both practices during these periods.

They Spoil Children

Once back in harness, the wives need competent part-time help to supervise the children. Of course, nearly all of them complain, it gets harder every year to find dependable servants. What's more disturbing, the parents are away from home so much that they tend to lose touch with the children. As a result, many of the parents admittedly spoil the youngsters when they *do* get a chance to see them.

Domestic life in two-doctor households seems to be at least twice as hectic as life in one-doctor families. Even so, the surveyed couples are unanimous in saying that they wouldn't trade their lots for anything. Most maintain that the double burden of work helps rather than hinders their marriages. Here's a typical comment:

Talking It Over

"We understand each other's problems better than married people do who are not pursuing the same careers. And we enjoy discussing medicine as much as others might enjoy discussing a movie they'd seen together."

What do patients think of these medical teams? Evidently they like them. "I'm extra safe with you as my physician," a layman pointed out to one of the wives. "If *you're* not home, your husband probably is."

Confused Laymen

But there's often confusion in the lay mind. For one thing, people simply don't know how to address or introduce the M.D.-pairs. Most of the physicians sign Christmas cards and the like either "Drs. John and Mary X" or "Dr. and Mrs. John X." But they often receive cards addressed to "Mr. Dr. and Mrs. Dr. X" or to "Drs. Mr. and Mrs. X." In fact, variations on this theme are endless.

Then there's [MORE ON 262]

Home Insurance In a Bargain Package

You can now get fire, theft, and liability coverage in a single policy at a 15 to 25 per cent cut in cost. Here are the details

By Thomas Owens

If you live in any of about forty states, and if you own your own home, here's a timely tip for you: There's a combination insurance policy for home owners that can be bought at comparatively bargain rates.

What's the "combination"? Simply this: Instead of buying four separate policies—for theft, for personal liability, and for fire protection both on your home and on its contents—you can get coverage against all these dangers in just *one* policy.

Obvious though the idea sounds, such package deals seem to have been marketed for the first time only about two years ago. Since then, they've been gaining popularity.

The chief advantage of single-policy multiple insurance is that it's cheaper—for *you* as well as for the insurance companies. With a package, you save from 15 to 25 per cent of what you'd pay for separate policies giving

similar protection. The savings stem from lower processing costs: The company can obviously sell and service one large, blanket-type policy far more cheaply than three or four small ones.

You Get Extras

There are also other advantages. For one thing, you're likely to end up with a better-balanced program if you buy your home insurance all in a piece. Reason: In a combination, as the table on page 113 shows, companies can afford to include extra coverages that you might want but would ordinarily hesitate to buy separately.

Then, too, the single package means less paperwork for you, since you pay premiums about one-fourth as often as with individual policies. Generally speaking, it means less confusion all round. By contrast, the usual system of shopping for the "best buy" in fire, theft, etc., leaves many a doctor more baffled than blissful.

"I used to carry four separate policies with as many companies," says one physician I know. "They had so many riders, endorsements, and extras that it was a week's work to figure out which covered what, and for how much. My secretary called our insurance file folder 'the jungle.' Claimed she spent a week hunting through it whenever a premium came due. Now, with a package policy, there's only one premium to pay and one contract to keep. It's a breeze."

All the new packages include the standard coverages you've probably been buying separately. But they differ in a variety of other ways. To begin with, there are two major types of package deal available: (1) the Homeowner's package and (2) the Comprehensive Dwelling type.

How It Works

The first is a package in the strictest sense: For a flat premium, the Homeowner's policy offers a fixed amount of protection against a half-dozen different kinds of danger. Here's how such a policy works:

You begin by deciding how much fire insurance you want on your home—$25,000, say. In buying that amount of basic fire protection, you automatically get fixed amounts of coverage against a specified number of other perils.

On a $25,000 policy, for example, your personal property is

insured against fire and theft for up to 40 per cent (here, $10,000) of the basic figure. And you get proportional amounts of other coverages. (The chart on the next page lists them in detail.)

The fixed coverage limits are the minimums automatically provided. You can get more of any specific coverage by paying an additional premium.

Homeowners' packages come in three "grades." In every case, the principle is the same: The amount of your basic fire coverage automatically determines how much protection you get in other areas. But the policies differ in the number of dangers they insure you against. As a glance at the chart will show you, Homeowner's A costs (and covers) less than Homeowner's B—which, in turn, is less comprehensive and less costly than Homeowner's C.

Are You Typical?

All these policies are designed for the *average* situation. They assume, for example, that the average man with a $25,000 fire policy will need about $10,000 personal property coverage.

If your needs fit such a typical pattern, one or another of the Homeowners' packages may be the best buy for you. But perhaps your situation *isn't* average. You may, for example, own a summer cottage; or your wife may have an unusually valuable antique collection at home.

Comprehensive Dwelling, the second type of single-package deal, is less rigidly arranged than the Homeowners' policies. The difference between them is about as follows:

"Buying a Homeowner's package is like buying a prepared bon voyage basket of fruit," says a well-known insurance man. "You can find three different-size baskets at three different prices. But regardless of the price you pay,

The Cost of Home Insurance:

Type of Coverage	Standard Policies Amount	Premium
Dwelling		
Fire and lightning	$25,000	$100.00
Extended coverage	25,000	87.50
Additional extended coverage	25,000	25.00
Additional living expense	2,500	7.50
Rental value	2,500	
Outbuildings		
Fire and lightning	2,500	10.00
Extended coverage	2,500	8.75
Additional extended coverage	2,500	2.50
Personal Property, on Premises		
Fire and lightning	10,000	45.00
Extended coverage	10,000	35.00
Additional extended coverage	10,000	10.00
Theft	2,000	50.00
Personal Property, off Premises		
Fire and lightning	1,000	
Extended coverage	1,000	
Additional extended coverage	1,000	
Theft	1,000	20.00
Comprehensive Personal Liability		
Limit of liability	10,000	25.00
Medical payments	250	
Total 3-year premium		426.25

*Premiums differ according to locality. Those shown are for a one-family frame age, that coverage is provided by one of the other premiums listed.

Standard vs. Package Policies*

Comprehensive Dwelling Policy		Homeowner's A		Homeowner's B		Homeowner's C	
Amount	Premium	Amount	Premium	Amount	Premium	Amount	Premium
$25,000	$178	$25,000	$258	$25,000	$303	$25,000	$390
25,000		25,000		25,000		25,000	
25,000		none		25,000		25,000	
2,500		2,500		5,000		5,000	
2,500		2,500		5,000		5,000	
2,500		2,500		2,500		2,500	
2,500		2,500		2,500		2,500	
2,500		none		2,500		12,500	
10,000	75	10,000		10,000		12,500	
10,000		10,000		10,000		12,500	
10,000		none		.10,000		2,500	
2,000	35	10,000		10,000		12,500	
1,000		1,000		1,000		12,500	
1,000		1,000		1,000		12,500	
1,000		none		1,000		12,500	
1,000	15	1,000		1,000		12,500	
10,000	22	10,000		10,000		25,000	
250		250		250		500	
	$325		$258		$303		$390

dwelling in Springfield, Ill. Where no premium is entered opposite a given cover-

you can't pick and choose the individual pieces of fruit you'd like to have in the basket. You must take a pre-selected assortment.

"Buying a Comprehensive package, on the other hand, is like taking an empty basket to a store, making your own selection of fruit, and then having the clerk give you about a 20 per cent discount on the total price."

The Comprehensive, in other words, is a package that you put together yourself. More exactly, you assemble it with the help of your insurance adviser.

Tailor-Made Policy

The two of you draw up a list of all your insurance needs. Then the company tailors a policy to suit; and because you've bought all your coverage in a single package, it gives you a discount on the total premium.

You're required to include certain minimum coverages: basic fire (for at least 80 per cent of the value of your home), theft, and liability. But otherwise the selection of types and amounts of coverage is up to you.

Which is the better buy, Comprehensive or Homeowner's? Comparisons are difficult to make, because you'd normally buy Comprehensive only to get protection not offered by Homeowner's. This much can be said, though: If you bought a Comprehensive policy that covered *exactly* the same items as a Homeowner's package, you'd have to pay more for it.

Any Strings Attached?

Despite its advantages, packaged home insurance—like packaged frozen food—may not be for you. For one thing, not everyone *can* buy it.

Neither the Homeowner's nor the Comprehensive policy has been approved in Massachusetts, Missouri, New Hampshire, Oregon, Texas, and Virginia. So far, only the Homeowner's has been approved in Washington State, and only the Comprehensive policy in Louisiana.

Then, too, the bank or mortgage company that's financing your home may turn thumbs down on the single-policy arrangement. Some demur at handling any insurance (for example, liability coverage) not strictly concerned with the real estate itself. So you may want to investigate this angle before deciding to switch to the package plan.

The actual [MORE ON 267]

Hollywood Practitioner

What's it like to be physician-in-charge at a major movie studio? Well, there's lots of glamour—and also lots of very hard work

By Claron Oakley

In the course of a recent week, Lee E. Siegel of Beverly Hills, Calif., swabbed the scratches of a wounded gladiator, set the broken arm of an over-confident Union soldier, and soothed the poison ivy blotches of a big-game hunter.

During that same week, he also treated the headaches, blisters, and nerves of some of the biggest stars in the Hollywood firmament.

Dr. Siegel gets his fascinating roster of visitors from two sources: his private practice in the so-called Movie Star Belt; and his part-time job as physician-in-charge at one of Hollywood's busiest movie studios, Twentieth-Century Fox.

Though his studio chores sound glamorous, there *are* some drawbacks. As he puts it: "Holding this job means I must not only be a general physician but a good psychiatrist as well. [MORE▶

"If their current picture is failing at the box office, if the cameraman has to work overtime to conceal their wrinkles, if their contract is up for renewal, or if the director has criticized their performance, the psychosomatic repercussions are likely to end up in my office."

Who's Who?

The doctor's observations may explain why Beverly Hills, a city of less than 30,000, is able to support more than 100 practicing psychiatrists. "And it's a good thing we have them," he adds. "Imagination plays a great role in these peoples' lives. When, over a period of years, they've got used to projecting themselves constantly into an imaginary personality, they eventually find it hard to remember who's Dr. Jekyll and who's Mr. Hyde."

Dr. Siegel divides his time between the studio and his private practice. But he's "on call" at the movie lot twenty-four hours a day. During the time he spends there, he faces a battery of challenging assignments. As one of them, he may be called on to sit in with writers as they iron out the medical aspects of a script. In the case of "Good Morning, Miss Dove," for example, Dr. Siegel made good use of a red pencil in deleting unrealistic operating-room dialogue.

Link With Reality

"The authors had one of the actors who was playing a surgeon yelling in fortissimo tones, 'Scalpel! Hemostats! Catgut!' to the battery of nurses around him," Siegel recalls. "I had to point out that operating rooms aren't run like tobacco auctions."

Other questions he has had to answer in the course of a day: Would a series of cortisone injections cure an old man with arthritis? Did physicians wear rubber gloves for surgery in 1906? Would stethoscopic auscultation detect pleural effusion?

Midnight Oil

"Obviously," the doctor confesses, "most of us don't carry such odd facts around in our heads. But that's what makes the job provocative—and makes *me* better informed: I'm forced to do some interesting research in order to become the expert they expect me to be."

Once he has O.K.'d a script for shooting, he insists on fol-

lowing through for medical accuracy. He's generally on the set while technical scenes are being shot.

When one of Hollywood's leading female stars acted out an attempt at suicide in a current Cinemascope tear-jerker, he was on hand to see that the celluloid doctors who were called in to revive her went about their business correctly. Similarly, when another actress, portraying a Eurasian doctor in a recent film, conducted a clinic for Chinese children, Dr. Siegel was there (though, photogenic as he is, he didn't appear in the picture). "I had to make sure that the doctor had her stethoscope on right," he explains.

It's no news that more Hollywood studios are filming major pictures abroad. This trend pre-

STAR BILLING isn't given to Dr. Lee E. Siegel, official physician for Twentieth-Century Fox movie studios; but maybe it should be. He not only treats actors but also checks medical movie scripts. Here he leans across a banquet table to chat with Producer Buddy Adler (left) and Dr. William Menninger.

sents additional technical problems to the doctor:

Before a company departs for some far-flung spot, he has to blueprint possible health hazards in that area and to prepare the troupe accordingly. This means not only giving the appropriate vaccinations and inoculations, but also making sure that the company takes along any necessary medical supplies.

First Aid for What?

"If they're off to a jungle location in Central America, they'll need medication for diarrhea and food poisoning," says Siegel. "If they're going to the Solomons or Australia, they'll need antitoxin for copperhead snakes. Believe me, when any spot in the world is a potential 'location,' it's not easy to anticipate every possibility."

The glamour that surrounds Siegel on the movie lot and in his private practice doesn't end when the working day is over. Waiting for him at home is movie and TV actress, Noreen Nash, who has curtailed her promising acting career to devote a full measure of attention to the doctor and their two sons.

Her husband's medical career has rubbed off in an unusual way on Mrs. Siegel: In her spare time she has written a historical novel based on the life of Andreas Vesalius, one of the fathers of accurate anatomy. The novel is so dramatic a recreation of the Renaissance period that a major studio is negotiating for the right to film it.

"The irony of it," says her husband, "is that Noreen started the book only as a means of giving us a project we'd be mutually interested in—something we could work on together when the kids were tucked in bed. What with all her extra research and classes at U.C.L.A., however, she soon got to know more than I did about the subject. Now it looks as if we may be able to retire on *her* annuities."

A Good Life

How does the glitter of life in movieland stand up against the attractions of a more down-to-earth practice? Dr. Siegel, who's been in the area since he moved there from his native Wisconsin in 1935, isn't quite sure. "I *have* found that here, as anywhere, you can sell your soul pretty cheap," he observes. "But as long as you remember you're

a doctor and not a mere wailing wall, it can be a good life. I prefer it to the Midwestern practice I could have had.

"I think it's hard, though, for most Beverly Hills physicians to keep their economic equilibrium in the midst of one of the world's richest communities. In this town, the average income is so much higher than in most places that the cost of medical care can easily get out of hand. In a community with many more Thunderbirds and Cadillacs than V-8s and Studebakers, a doctor who lacks good sense and integrity might easily find himself placing the Bank of America ahead of Osler.

"But," says Dr. Siegel, firmly, "if the time ever comes when I start confusing the dollar sign with the caduceus, I hope my wife has the good sense to make me either retire or go back to making house calls in Milwaukee." END

"Good lord, man! You *said* you'd seen Blalock do one of these during your interneship."

Young Doctors Talk Back

Are they too money-conscious, too limited in fields of interest, even too lazy, as some older men maintain? Their answer: a big NO

All over the country, when medicine's graybeards compare notes, they tend to deplore their younger colleagues. The new crop of doctors, say the older men, is green and unseasoned in the art of medicine. They accuse the under-35 physician of being overmaterialistic, overspecialized, and overeager to avoid hard work.

In a recent article, "The Trouble With Young Doctors," a 78-year-old general practitioner, Dr. George S. King, wrapped up a tidy package of such strictures and forwarded it to his colleagues via the pages of this magazine.

MEDICAL ECONOMICS has received hundreds of letters as a result of the article; and nine out of ten of them include a staunch defense of the younger generation of physicians.

Here are the major criticisms that have been leveled at today's young doctor, along with a sampling of counter-opinion from readers:

Young doctors are too materialistic, too much interested in security, too eager to keep up with the Joneses.

Says Dr. J. S. Mitchener Jr., Raleigh, N.C.: "The fortunes which were made in medicine were made by the men in the last generation. With today's tax laws as they are, any young man whose main goal is money stays out of this profession; he goes into business."

Says Dr. E. B. Becker, New Hampton, Iowa: "I have been out of school almost eight years. I spent the first four in interneship and residency, the next two and a half in military service, and the last year and a half as an employe of a group. My specialty board has just ruled that I will need one more year of training to qualify for its examination; so I must now leave my present congenial situation.

"My get-rich-quick efforts since finishing medical school have brought me an average of $4,000 a year for these eight years. And I'm not likely to better that princely average for another couple of years.

"When I see my children wearing old clothes, when I own nothing beyond our rather worn household goods, then security *does* begin to seem rather important. I try to keep a sense of proportion; but there are times when my financial situation worries me, as it would any reasonable man with my responsibilities."

Says Dr. Richard H. Hamilton of New York City: "The desire to keep up with the Joneses isn't limited to young physicians. It has captured a lot of people. But having an up-to-date office isn't just for display. Many

young men put all their money in equipment, to the neglect of their homes. Their offices are better organized for the care of the patient than some of the oldtimers' offices. Experience plus a stethoscope doesn't necessarily make for the best therapy."

And an Omaha doctor says: "I still remember the tales at Long Island Hospital of the older doctors' renting large carriages on Sunday and driving through town to make people think they were successful. Time doesn't change motivations; it just changes the memory of one's past shortcomings."

Unwilling to Work?

Young doctors expect a forty-hour week with no night calls. They're unwilling to work as the older generation did.

Says Dr. Charles Friedman Jr., Augusta, Ga.: "I consider myself on twenty-four-hour call every day in the week. I've yet to refuse my first call—or to take my first vacation—after two years in practice."

Says Dr. Robert Ray McGee, Clarksdale, Miss.: "I'm under 35. And maybe I have a built-in prejudice. But I suspect the older physician often complains because the younger doctor doesn't want to spend his nights and week-ends taking care of the senior colleague's patients—while said senior colleague is sleeping soundly in his bed or relaxing in a week-end cottage. Certainly, plain laziness is not the exclusive property of youth."

House-Call Count

Says a St. Paul, Minn., general practitioner: "I've made house calls for many of my older colleagues. Many of my friends have too. The older doctors just can't be bothered. Some of them automatically hospitalize anyone who's too sick to come to the office. That's *one* way to avoid house calls."

Says Dr. Ward Turner, Lutcher, La.: "In my community we have two doctors under 35 and three over 35. From last July 1 to Jan. 1, the two 'young bucks' treated 164 night emergencies at the local hospital; the older doctors, 18. We feel it's only right for the older men to slow down after having served the community for many years."

Says Dr. Thomas Reese, Bakersfield, Calif.: "No doctor has to be on call day and night. The problem can be solved either by

Dr. George S. King's "The Trouble With Young Doctors" has driven one MEDICAL ECONOMICS *reader to Ogden-Nashing his teeth. The result follows:*

Trouble Is Where You Look for It

Dr. King makes his attack like a horde of spear-throwing Mau-Maus.
All the young medical pups (he says) are going to the damnation bow wows.
However, I think he may be overly concerned;
Because for every young doctor who spends his time worrying about
the money he's earned
There's another who takes his medical responsibilities seriously
And works so hard that his wife complains she has to get all her
recreation vikeriously.
And for every recent graduate who orders all the tests in the manual
There's a good young doctor who doesn't know the difference between
a burette and a canule.
When I'm sick, I'd just as soon skip the diagnoses intuitive or
mystical,
And have a doctor (any age) do a thorough modern history and physical.

I believe I've heard somewhere of *older* men refusing to go out at night
And telling the patient that Dr. New would find it a positive delight.
It seems to me, too, that as far as Cadillacs go, the young M.D.s have
no monopoly.
And tell me: Which generation is it that attends all the conventions
in London and Napoli?
Doctors are just like most people anywhere:
There are good ones and poor ones, some that you like and some that
get in your hair.
The older ones don't always have all the virtues and none of the vices.
And the young ones aren't always responsible for every medico-moral
crisis.
Could it be that Dr. King has fallen into that old and well-known trap
Of being up the creek of generalization without a map?

—FREDERICK W. GOODRICH JR., M.D.

group practice or by call-sharing. The doctor can meet his responsibilities to his patients *and* to his family, if he organizes his life sensibly."

Bucking the Trend

Says Dr. Robert E. L. Berry, Associate Professor of Surgery, University of Michigan: "The young doctor is exposed to a society where work time is shortening and free time is increasing. He sees the nurses and the nonprofessional help in his hospital going on the forty-hour week. If he's expected to be completely idealistic, there's a strong tide for him to swim against."

Endurance Unlimited

And Mr. H. J. Warren, president of the Professional Service Co., Boston, comments: "It has been my business for the last seventeen years to call on young physicians. I've never ceased to marvel at their endurance and at their continuous grinding efforts from early morning hospital rounds to late evening office hours, not to mention emergency summons at night. A more conscientious, hard-working group would be hard to find."

Young doctors don't understand the art of medicine. They're incapable of intuitive diagnosis, too dependent on laboratory tests and X-rays, too prone to substitute antibiotics for diagnosis.

Says Dr. Edward A. Thorne, Holly Springs, Miss.: "Intuitive diagnosis is simply an acquired habit of keen observation plus experience. The younger men catch on to it quickly. I hope it can never be said of them, as it can of some older men, that they did something wrong for thirty years and called it experience.

"I practiced here for twelve years without X-rays or laboratory tests, other than the simplest ones I could do myself. These tools were just not available. But now that they are available, I'd be a fool to make a diagnosis without them."

Intuition on Trial

Asks Dr. Carl R. Aschoff, Cedar Rapids, Iowa: "Will diagnosis by intuition stand the cross-examination of a clever plaintiff's attorney in a malpractice suit?"

Says a Georgia specialist: "One of our 'good old-fashioned' G.P.-surgeons did an average of two appendectomies a week, in the home as often as anywhere else, but never a white count.

What's more, he *seldom* removed an acutely inflamed appendix."

Says Dr. Carl J. Bridge, Watertown, Mass.: "I once checked around my community. All the young physicians examined their patients before prescribing or administering antibiotics, whereas about 25 per cent of the older physicians gave penicillin right off. A notable exception to the latter group was an old doctor, now deceased, who in 1953 had never prescribed penicillin because he didn't know anything about it."

Treatment First

Says Dr. Edward B. Slote, Phoenix, Ariz.: "Have you ever tried to talk a distraught parent into waiting two days for throat cultures before treating a sick child? Diagnostic procedures are and should be used, but in conjunction with therapy begun as soon as possible."

Says Dr. M. H. Andrews, Oklahoma City: "One of my classmates watched his nephew die of meningococcic meningitis while blood cultures were being run 'prior to administration of any chemotherapy or antibiotics.' "

The young doctor isn't willing to do general practice, either as a life work or as a prelude to specialization. And the young board-certified specialist knows nothing but his own limited field.

Says Dr. Garland O. Wellman, Texas City: "Today's older doctor may be an accomplished surgeon, but he wasn't when he came out of medical school. In other words, if he's a surgeon today, he has learned his skill at the expense of the public. Today's young man gets an extensive training program, so he doesn't make the mistakes that the older doctors made in their youth."

Says Dr. James S. Marshall, Farmington, Conn.: "It's the older generation that's responsi-

ble for the trend toward specialization. The young man without board qualifications is lucky to obtain hospital privileges. He may find himself permanently stuck in the lowest staff echelon unless he becomes certified. Small wonder, then, that younger men start off immediately on the hard, expensive road to specialization."

Says an Iowa doctor: "Many of our medical elders are piously voicing the hope that all of us young fellows will add a period of 'about three years' in general practice. This would be just long enough to build up a practice and pay for the equipment—which would then be abandoned.

Always a Bridesmaid?

"May this particular young whippersnapper inquire, 'How long should we be in training before we're adjudged fit to get out and earn a living?' I will admit that a lifetime of training *could* be reckoned too short. But should our profession be so arranged that only celibate ascetics or millionaires' sons need apply?"

And as an appropriate conclusion, here's an excerpt from the letter of a Midwestern pathologist who calls himself "neither old nor young":

"I'm in charge of the interne program in a large private hospital. I spend a great deal of time 'fathering' these boys and, sadly enough, protecting them from older physicians . . .

'Big Operators'

"It's no secret that the big operators have made an impression on the enterprising prospective physicians. The boys are graduating into a pattern that's been well established by their predecessors. It's often my duty to warn younger men against ideas of big money—and against the dangers of entering practice with 'benevolent' older men (who often make big promises they don't intend to keep).

"At 42, I can suggest to the older men with some authority that their less seasoned colleagues are good, responsible people. I can point out to the experienced physicians that youth has been carrying the ball for the profession in the Army and Navy for fifteen years, while *they* have been established in security.

"And so I say: Lay off! Some of us are in a position to judge older men on their records too. All too frequently their piety isn't convincing." END

Value Scale Spurs Insurance Pay

This new relative value schedule lists fees in points, not dollars. It may well lead to more realistic health plan allowances

By Arthur Owens

California physicians believe they've found a way to encourage more equitable payments by health insurance organizations: Their state medical association has officially adopted a state-wide scale of relative values for a long list of procedures.

Unlike such scales developed in other areas, this one is not confined to *surgery*. It also includes medical, radiological, and pathological services.

The new schedule was compiled by a committee of California medical men following a study of fees actually charged by some 4,700 of their colleagues. It avoids fixing dollar values, which would obviously differ for different locales. Instead, it establishes point values that can readily be translated back into dollars in any individual case.

To illustrate:

The committee's survey shows that the median fee

Relative Values for Medical Fees

Visits and Examinations

Office visit (first call—routine history and exam)	2.0
Follow-up office visit	1.0
Hospital visit	1.0
First home visit	2.0
Follow-up home visit	1.5
Home visit (11 P.M. to 8 A.M.)	2.5
Mileage—per mile, one way, beyond 10-mile radius	0.2
Hospital care of premature infant—first week	10.0
Each week thereafter	5.0

Special Medical Procedures*

Consultation for given system not requiring complete examination—office, hospital, or home	3.0
Consultation requiring complete examination—office, hospital, or home	7.0
Complete history and physical examination—office, hospital, or home	5.0
Prolonged detention with critical case, per hour	4.0
Hospital visit necessitating professional care beyond routine hospital visit	2.0
Office visit to re-survey patient as a whole	2.0

Psychiatric Procedures

Psychotherapy (one hour)	4.0

Allergy Testing

Scratch or puncture tests, per ten tests	1.0
Intradermal tests, per ten tests	1.5

*Requiring additional time and study.

charged by California doctors for a complete history and physical exam is five times the median fee for a routine hospital visit. By the same token, the median fee charged for an appendectomy is just half that charged for a nephrectomy. On the basis of such findings, the committee has assigned each procedure a point-value that reflects its relationship to other procedures. The result is not necessarily an *ideal* scale of relative values but an *actual* scale that is being used in one state.

How It Began

This relative value project got under way more than three years ago. Says Dr. Francis J. Cox, chairman of the committee that developed the comprehensive new scale:

"Our objective was to bring order out of chaos. Existing fee schedules obviously contained inequities, but they were difficult to identify because of differences in nomenclature.

"Take bronchoscopy, for example. Many schedules listed an allowance for it. But was this allowance supposed to cover bronchoscopy with excision of tumor, or just bronchoscopy with biopsy? You had to know before you could compare the allowances.

"So our committee began by defining terms—by describing each major procedure in unmistakable language and then giving it a code number. Thus we were able to use I.B.M. equipment in analyzing existing fee schedules and in working toward more logical relative values.

"If our hopes are realized, this study will be used by insurance companies in specifying their indemnities, by Blue Shield in setting its payments, and by patients in checking their coverage. If it *is* so used, the public will be more adequately protected and the medical profession will be more adequately compensated.

"Without a listing of correct relative values for fees, health insurance schedules have inevitably paid too much for some procedures and not enough for others."

Unrealistic Fees

In Los Angeles, for example, hundreds of doctors are signed up with a plan that pays $175 for an appendectomy and $175 for either a simple mastectomy or a radical prostatectomy. The value scale shows how little relation

Relative Values for Surgical Fees

Anesthesia, based on time from induction to end of surgery—first half hour	4.0
Third and fourth quarter hours, each	1.5
Appendectomy	35.0
Assisting at major operation, per hour	4.0
Biopsy, skin or subcutaneous tissue*	2.0
Lymph node	5.0
Breast	10.0
Brain cyst, excision, neoplasm or abscess	100.0
Bursa, drainage*	3.0
Carbuncle, drainage*	1.0
Cast, plaster, elbow to fingers*	2.0
Cholecystectomy	55.0
Circumcision, newborn	3.0
Under age 10	5.0
Age 10 or over	8.0
Clavicle fracture, simple, closed reduction	10.0
Colectomy, one or two stage, including colostomy	80.0
Colles fracture, simple, closed reduction	15.0
Cornea, removal of foreign body*	1.0
Cystoscopy, with ureteral catheterization	10.0
Dilation and curettage of uterus	10.0
For miscarriage or abortion	15.0
Fenestration, semicircular canals	100.0
Gastrectomy, total	100.0
Hemorrhoidectomy, internal and external	25.0
Herniorrhaphy, inguinal, unilateral	30.0
Hysterectomy, total (corpus and cervix)	60.0
Lens, discission, needling	20.0
Ligation and stripping	25.0
Lobectomy, total or subtotal	100.0

Mastectomy, complete (simple)	30.0
Radical	60.0
Nasal fracture, simple, closed reduction	5.0
Nephrectomy	70.0
Obstetrical delivery, with ante- and postpartum care	30.0
Delivery only	10.0
Ovarian cyst, excision	40.0
Phlebotomy, removal of thrombus, extremity	35.0
Proctosigmoidoscopy, diagnostic	3.0
Prostatectomy, subtotal, unilateral or bilateral	70.0
Radical	100.0
Spinal fusion, excision of invertebral disk	100.0
Spinal puncture, lumbar, diagnostic*	3.0
Submucous resection of turbinate	10.0
Thyroidectomy, subtotal	50.0
Tonsillectomy, any age	15.0
Tracheotomy*	20.0
Vaginal repair, anterior and posterior walls	40.0

*Add two units if hospitalization is required. Values listed for starred procedures do not include aftercare. All others include two weeks' aftercare.

these payments bear to the fees actually charged by California doctors: According to the scale, the plan pays $25 too *much* for the mastectomy. And it pays $325 too *little* for the radical prostatectomy.

Next, take a certain large union plan in the northern part of the state. It boasts a generous $225 appendectomy fee; and on the basis of the relative value scale, fair payment for a gastrectomy would be $642. Does it actually pay this? It does not. For a gastrectomy it pays $262.50.

Unrealistic as the two cited schedules are, they at least pay adequately for such frequent procedures as appendectomies and T & A's. Some California plans don't. They entice both doc-

Relative Values for Radiological Fees

X-ray, Diagnostic

Chest, complete—stereoscopic postero-anterior, other positions, with fluoroscopy	4.0
Gastro-intestinal tract, upper	6.0
Pelvicephalometry	5.0
Pyelography—intravenous	6.0
Skull, complete study	5.0
Spine, complete, lumbosacral, including pelvis	4.0
Wrist	2.0

Radiotherapy

Breast, postoperative	40.0
Bursitis, course	7.0
Cervix, complete course radium and X-ray	70.0
Lymphosarcoma, fibrosarcoma, neurosarcoma, and other soft tissue sarcomas, maximum per annum	60.0
Skin neoplasm up to three cm. diameter	15.0

tors and subscribers by sprinkling their schedules with some very high benefits. But, as the fine print shows, these benefits are allowed only for certain uncommon procedures; so the plans rarely have to pay them. Meanwhile, for the everyday, bread-and-butter services they pay perhaps one-third to one-half the going rate.

Naturally, no relative value scale can *force* insurers to correct inequities. But the new schedule does give the companies a sensible mark to shoot at.

Are California Physicians' Service (Blue Shield) and the better commercial companies *willing* to shoot at it? Will they voluntarily undertake the complex job of matching their bene-

Relative Values for Pathological Fees

Agglutinations for febrile diseases, first antigen	0.6
Antibiotic sensitivity, per antibiotic	0.4
Basal metabolic rate	1.2
Bilirubin (Van den Bergh)	1.0
Biologic test for pregnancy	2.0
Bleeding time	0.4
Blood culture, aerobic and anaerobic	2.0
Blood, red cell or white cell or differential count	0.3
Complete count	1.0
Hemoglobin determination	0.3
Bone marrow, collection and examination of material	6.0
Carbon dioxide combining power	1.5
Cephalin flocculation	1.0
Cholesterol	1.0
Electrocardiogram, with interpretation and report	2.5
Electroencephalogram	5.0
Feces, routine chemical and microscopic examination, including parasites	2.0
Hematocrit	0.5
Non-protein nitrogen	1.0
Oxycorticoids	3.0
Prothrombin time, first three, each	1.0
Rh	0.6
Semen, complete analysis	2.5
Spinal fluid, routine chemical and microscopic	2.0
Sputum, smear, direct	0.6
Tissues, surgical, gross and microscopic	4.0
Frozen section (includes permanent section)	6.0
Urinary 17-ketosteroids	2.5
11-oxysteroids	3.0
Urine, routine microscopic or chemical, qualitative	0.2

fit schedules to the value scale? There are encouraging signs. For instance:

"We've been aware of inequities in fee schedules in the past, and we've attempted to correct them," says Dr. T. Eric Reynolds, president of C.P.S. "In the relative value study it appears that we have an approved, practical guide; and we welcome it. The C.P.S. fee committee is presently utilizing the study as the basis of revaluation of its own schedule."

Ralph Walker, vice president of the important Pacific Mutual Life Insurance Company, believes the new schedule "will be of substantial value to us in the insurance industry." He adds: "We find, on analysis, that schedules of benefits we've recently adopted have almost the same relative values as the California Medical Association schedule. It will be reassuring to the people we insure to know that this is so."

Why Four Schedules?

To make the scale easier to use, its four schedules—medical, surgical, radiological, and pathological—have been kept completely separate. The point-value for an office visit, for example, bears no relationship to the value for a tonsillectomy, a chest X-ray, or a blood count. It's related only to the values of other *medical* fees.

The doctors who compiled the scale maintain that this sort of "compartmentalization" is dictated by logic, since the relationship between a medical procedure and a surgical procedure is obviously less clear-cut than that between two procedures in the same field.

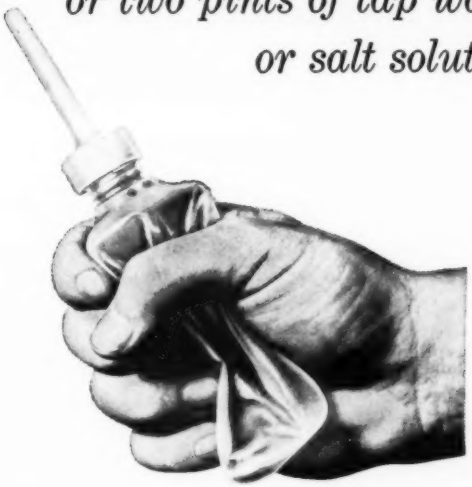
Aid to Insurers

In addition, they point out that the division into four categories should make the scale particularly useful to insurance companies. Here's why:

Suppose the company wants to offer, say, 100 per cent coverage in surgery as against only 30 per cent coverage in pathology. It can then set up an eminently fair schedule of benefits by simply determining the usual fee for any one procedure *in each category*. The rest of the fees can be worked out according to their relative values within their respective categories.

What are the major advantages of the state-wide relative value schedule? Is it so much

more effective than one
or two pints of tap water
or salt solution



FLEET® ENEMA

Disposable Unit

"Squeeze bottle" sized for easy one hand administration . . . distinctive rubber diaphragm controls flow, prevents leakage . . . correct length of rectal tube minimizes injury hazard . . . each unit contains, per 100 c.c., 16 gm. sodium biphosphate and 6 gm. sodium phosphate . . . an enema solution of Phospho-Soda (Fleet) . . . gentle, prompt, thorough . . . and less irritating than soap suds enemas.

Established 1869

C. B. FLEET CO., INC., LYNCHBURG, VIRGINIA

Makers of Phospho®Soda (Fleet), a modern laxative of choice.

Just 2 for 2

comprehensive nutritional support

for both mother and child

throughout pregnancy with

two-a-day

Gestatabs®

the Mol-Iron® prenatal supplement

Guard against nutritional debits in your pregnant patients by prescribing Gestatabs.

Prevent iron deficiency anemias with well-tolerated Mol-Iron

Eliminate or reduce occurrence of leg cramps with phosphorus-free calcium

Forestall neonatal prothrombin deficiency with vitamin K

Improve over-all nutritional status with optimal amounts of vitamins A, C, D, B_{12} and B Complex

Recommend the convenient monthly package of 60 tablets.

and when iron is the dominant need
B Mol-Iron® with Calcium and Vitamin D. Therapeutic amounts of iron, plus ample amounts of Vitamin D and phosphorus-free calcium.

White Laboratories, Inc., Kenilworth, N. J.

better than a schedule of median dollar fees? In the committee's opinion, the following facts more than justify their efforts:

It Sets No Fees

1. *Unlike dollar-fee schedules, the adopted scale neither dictates nor seems to dictate fees.* The committee believes "it is the exclusive right and the exclusive duty of physicians to set and interpret [their own] fees." Besides, as every doctor knows, you can't possibly get all the men in any state to agree on a uniform dollar schedule; there's too wide a gap between country fees and city fees. The new scale leaves this differential—as well as all other variations among individual physicians' charges—undisturbed.

2. *The scale permits easier evaluation of insurance schedules.* As one San Diego practitioner puts it: "The new value scale gives both doctors and subscribers something they've never had before: a really practical yardstick for testing and comparing various insurance plans' benefits."

3. *The relative value scale helps the individual doctor set his own fees.* Suppose, for example, an Eastern physician moves to California. To make sure that *all* his fees are in line with those of his new colleagues, he need only know what they charge for *one* procedure in each of the four categories. Here's how he can use this dollar figure to work out a complete fee schedule for himself:

Let's say he learns that other doctors in his community are getting $6 for a follow-up house call. Since such calls are listed as having a point-value of 1.5, the new man divides $6 by 1.5—and gets a conversion factor of 4. To find the usual dollar value of any other fee in the medical scale, he merely multiplies its point-value by 4.

He can set surgical, radiological, and pathological fees in the same way. But he must establish a new conversion factor for each of the four scales, since they are not interrelated.

Remember that the relative value schedule reflects fee relationships *as they are today in California*—not necessarily as they should be elsewhere. Even so, it seems to many observers that the schedule does break new ground for doctors in other areas to build on. END

The CLASSICAL *Vaginal Therapeutic*

An amazing abundance of "new" concepts in treatment are on continuous parade for one of the most vexing of all problems, the patient with the troublesome vagina. Consider the rationale of one product, AVC Improved, accepted, and in ever-expanding use these 12 years, which contains the best of these "new" ideas that have long been recognized by the medical profession.

PROVED THERAPEUTIC EFFICACY

"surface-active, spreading, penetrating agent" – AVC's 9-aminoacridine provides this.

"buffered vaginal pH" – AVC's water-miscible base provides a pH buffered to approximately 4.5.

"nutrient for normal vaginal flora" – AVC's lactose provides this in optimum quantities.

"mucus digestion" – AVC's allantoin aids this action.

"pathogen killing power" "immediate relief of odor and itching" – AVC's mutually supportive allantoin-sulfanilamide-9-aminoacridine provides this.

"restoration of vaginal mucosa" – AVC's tissue-stimulating allantoin aids this.

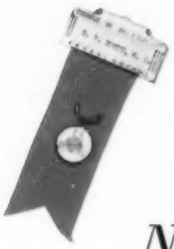
Only AVC Improved provides all of these. Its action is basic to prevent recurrence. AVC Improved offers the best in vaginitis treatment. AVC Improved is supplied in 4 oz. tubes with or without an applicator.

The film, CLINICAL ENZYMOLOGY, is available for showing at all medical meetings upon request. And be sure to watch for the Med-Audiographs, a series of recorded clinical discussions.

Send for samples and reprints.

PRODUCTS OF ORIGINAL RESEARCH

THE NATIONAL DRUG COMPANY PHILADELPHIA 44, PA.



New Policies Set By A.M.A. Delegates

From hospital accreditation to income taxes, from dependent care to new-drug publicity, here are 15 issues they decided in your behalf

Last month, medicine's policymakers—the locally elected members of the nationally constituted A.M.A. House of Delegates—took these actions of direct interest to doctors back home:

▶ *Decided that hospital accreditation is a desirable activity that should be continued by the Joint Commission—but with certain new conditions in mind.*

Among the conditions specified by the delegates, these five probably mean most to the practicing physician:

1. The type and the number of hospital staff meetings required by the Joint Commission are acceptable enough. However, "compulsory attendance should not be required by the Commission but should be left to the discretion of the local staff."

2. The medical staff should have "voting representation" on the hospital governing board. And the Commission should actively encourage such representation.

3. The Joint Commission should "concern itself with questions of illegal or unethical contracts between hospital and physicians." In fact, the Commission should concern itself with "*every* practice which prevents the patient from receiving the best possible care."

4. The Joint Commission should not, however, act as a "punitive organization." It should not punish hospitals that discriminate against G.P.s, for example, nor go beyond placing the blame where it belongs: on the hospital governing board.

5. "The Commission should not concern itself with the number of hospital staffs to which a physician may belong." This is a personal privilege, not to be regulated from Chicago.

▶ *Offered all reasonable aid to the Department of Defense in its task of furnishing medical services to servicemen's dependents, as provided in Public Law 569, signed by the President on June 7, 1956.*

Michigan delegates had stressed the fact that the new law says servicemen's dependents shall be treated wherever possible by civilian doctors and hospitals. The A.M.A. policymakers reaffirmed their belief that funds for such treatment should either (a) be given directly to the man in uniform, so that he may buy voluntary health insurance on his own, or (b) be used to furnish services through a "home-town medical care" type of program on a fee-for-service basis. [MORE▶

▶ *Noted with satisfaction the valuable research being done by the A.M.A. law department on professional liability insurance and claims prevention.*

A survey now under way should soon indicate the number of claims and suits brought against physicians, the amount of malpractice insurance carried, the percentage of doctors who have such coverage, and a consensus as to the best way to cope with claims and suits.

▶ *Labeled as of "questionable value" the polls taken recently by state medical societies to determine whether their members wished to be brought under the Social Security system.*

These polls had been taken on the basis of an earlier recommendation of the House of Delegates. But the results obtained were deemed invalid by the House because of the number of variables in the questionnaires sent out independently by the constituent societies.

▶ *Recommended that physicians take all possible steps to help bring into being a national com-*

mission to re-evaluate the entire Federal income tax system.

Delegates from several states had stressed a "pressing need" for physicians to support such tax authorities as T. Coleman Andrews. Mr. Andrews, a former Commissioner of Internal Revenue, is seeking a thorough study of the Federal tax structure by an independent commission of qualified citizens.

▶ *Decided to sponsor a national Congress on Medical Care Plans (nonprofit and commercial), possibly before the year's end.*

The delegates saw this as a logical follow-up to the work of the A.M.A.'s Commission on Medical Care Plans. At the same time, they approved further investigation by that Commission to judge the quality of service provided by different kinds of medical care plans. Among other things, the Commission is expected to find out whether certain kinds of plans violate medical ethics or encourage the corporate practice of medicine.

▶ *Asked the Federal Government to stop buying Salk anti-polio*

vaccine, except for essential public health needs, and to allow the vaccine to reach the public through regular commercial channels.

Colorado delegates had deplored the purchase by the Government of almost the entire Salk vaccine supply. They had also criticized its distribution to many more people than simply the indigent.

▶ *Agreed to appoint a liaison committee to work with the pharmaceutical industry. Main purpose: to prevent the premature release of information about new drugs.*

Pennsylvania delegates had condemned such premature reports. They had also labeled as "undesirable":

1. The tendency of some pharmaceutical houses "to spend large sums of money entertaining members of medical societies";

2. The tendency of some companies "to offer funds for the training of residents and fellows in teaching hospitals, in return for which research projects of new drugs and their ultimate publicity is implied"; and

3. "The granting of subsidies to medical meetings."

▶ *Rejected a suggestion that the A.M.A. ask drug firms to limit mailings of advertisements and samples to once a month.*

Arkansas delegates had objected to the volume of pharmaceutical advertising being received in the mails. They had also commented pointedly on the "duplication" and "waste of money" that result. The manufacturers ought to contribute some of that money to medical education and medical research instead, the Arkansans said.

▶ *Heard, but took no action on, a complaint that many V.A. doctors are illegally rendering bills for services they give in V.A. hospitals.*

Oklahoma delegates had reported that such bills are being sent to patients who are covered by workmen's compensation or by private medical insurance. The money so collected, they said, is being placed in funds earmarked for the benefit of the V.A. doctors.

▶ *Objected to the Secretary of Defense's proposal to abolish the Veterinary Corps of the Army and of the Air Force.*

The delegates pointed out,

For management of
Recurrent throbbing headaches
e. g. Migraine

Physicians' Number 1 Choice

CAFERGOT®

Ergotamine tartrate 1 mg. with caffeine 100 mg.

Dose: 2 to 6 tablets at onset of attack.

Relief in 90% of over 2000
published cases reported to date.

Forms—Cafergot Tablets
Cafergot Suppositories
Cafergot-PB Suppositories

SANDOZ *Sandoz* PHARMACEUTICALS
HANOVER, N. J.

among other things, that such action would automatically increase the need for more M.D.s in uniform. And this, of course, would leave fewer physicians available to take care of the medical needs of the general public.

Neglected Problem

▶ *Voted to aid in the establishment of traffic safety committees at the state and local levels.*

Georgia delegates had referred to automobile safety as an issue of major proportions that the medical profession has been neglecting. They added: "This medical problem, the killing and maiming of people on our highways, affects more persons than does all illness known today."

▶ *Reviewed with interest a radical revision of the Principles of Medical Ethics, but deferred final action on it until next November.*

The reference committee that studied the revision in detail had approved it. The delay was recommended so that physicians back home would have time to study the proposed new code.*

▶ *Concluded that since A.M.A. income exceeded expenses in 1955, dues should not be increased this year—but noted a warning by the Board of Trustees that before long either A.M.A. activities would have to be curtailed or dues would have to be raised.*

Oklahoma delegates had been especially vehement in presenting their objections to a dues increase. They pointed out that "30 per cent or more of American doctors who are members of county and state medical associations do not pay A.M.A. dues." Their recommendation: that "any necessary increase in A.M.A. dues . . . be derived from those doctors who are not meeting their obligation."

▶ *Rejected a proposal to hold regional or national conferences of state grievance committees as a means of swapping suggestions on how grievances can best be resolved.*

South Dakota delegates had said that the A.M.A.'s Guide to Grievance Committees is good but is not enough by itself. They felt that periodic conferences of grievance committeemen from different regions would lead to better ways of handling patients' complaints. END

*See page 150, this issue.

Your Ethics Code: Changes in the Making

The A.M.A. has come up with a code of ethics that breaks sharply with tradition. It's short, it's simple, and it sticks to essentials

By Hugh C. Sherwood

Last month the A.M.A.'s Judicial Council and the Council on Constitution and Bylaws took the wraps off a brand-new set of Principles of Medical Ethics. It was unlike any the country's doctors had ever lived by before.

The Council on Constitution and Bylaws, under the chairmanship of Dr. Louis A. Buie of Rochester, Minn., had spent close to four years reviewing the old code and writing a new one. Now doctors will have about five months to study the new principles and to suggest further changes. Come November in Seattle, the House of Delegates will scan their suggestions, make agreed-upon changes, and then almost certainly accept the revised principles as the official code of the American physician.

How does this code differ from the current one? And how will it affect the average doctor? The tentatively worded new principles are reproduced on pages 156 and 160. They differ in three ways from those now in effect:

BUTIBEL®

has many unique advantages as an antispasmodic-sedative...

Butibel contains (per tablet or 5 cc.):

Butisol® Sodium 10 mg. (1/6 gr.)
"daytime sedative" with less risk of accumulation or development of tolerance.

Ext. Belladonna 15 mg. (1/4 gr.)
Natural belladonna and Butisol have approximately equal durations of action (no overlapping sedation or inadequate spasmolysis).

McNEIL

LABORATORIES, INC.
Philadelphia 32, Pa.

1. The proposed Principles of Medical Ethics are just that—*principles,* and nothing more. They include no do's and don'ts covering specific ethical problems. They're simply a broad, general guide.

2. The new code deals only with matters of ethics—not with rules of etiquette. For example, it has no sections like this one from the current code: "When a physician makes social calls on another physician's patient, he should avoid conversation about the patient's illness." Yet, as Dr. Buie emphasizes, "every basic principle has been preserved."

3. The new set of principles is the briefest on record. It's only 460 words long and includes only ten sections, plus a preamble. The current principles run through forty-eight sections.

Back to Fundamentals

These revolutionary changes didn't come about by accident. Here's how Dr. Homer L. Pearson, chairman of the Judicial Council, explains his group's thinking:

The Principles of Medical Ethics must "concern themselves with fundamentals. They should express universal, permanent truths about which consciences do not disagree." They must avoid "proscribing or permitting, by specific direction, acts which in themselves are not basically concerned with ethics or which are desirable or undesirable according to the social or economic circumstances of time, place, or custom."

If they're worthy of the name, Dr. Pearson adds, ethical principles "do not in themselves . . . make any act ethical or unethical. They announce a principle from which it may be reasoned that a particular act is ethical or from which a conclusion may be reached to determine the nature of a specific action."

What does this stress on fundamentals portend? For one thing, it means that their interpretation will be as important as the principles themselves. The M.D. may need specific rulings to help him decide the right course of action in a given situation.

It also means that the occasional unethical doctor won't possibly be able to defend a questionable action on grounds that it is not specifically prohibited by the Principles of Medical Ethics.

As might be expected, the Judicial Council has already rec-

ognized this fact. Should the proposed code be adopted, says Dr. Pearson, "certain interpretations concerning its application will be desirable to insure the preservation of our ethical traditions." He promises that the Judicial Council will announce such interpretations quickly and distribute them widely. (Some have already appeared in the Journal A.M.A.)

Even before further interpretations are published, however, anticipated differences over wording the new principles must be resolved. For example:

¶Some doctors have protested that Section 7 would prevent them from charging for medical services rendered by their technicians. (The Judicial Council disputes this view on grounds that technicians are not actually engaged in the practice of medicine.)

¶Iowa doctors have held that neither Section 6 nor Section 7 clearly prohibits the practice of medicine by hospitals. Unless there's a stronger clause, they say, their long legal campaign against the Iowa Hospital Association may be undermined. (See MEDICAL ECONOMICS, May, 1955, and January, 1956.)

No doubt still other challenges will be heard in the next few

'Snakebite' Cure

The following letter from a patient is submitted by Dr. W. A. Johnson of Elberton, Ga.:

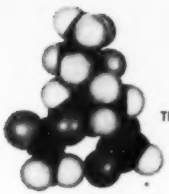
Dear Dr.,

I got your dun for $2 in my mailbox, and I would ruther see a rattlesnake in it. The only time I bin to your office this year, I waited two hours and left withouten ever seeing you. I didnt know you charged $1 an hour for your reserve seats.

The next time I come I will climb that pecan tree outside your office and sit on a limb. Maybe itll be cheaper.

Yours truly,
Ambrose

P.S. Im willing to swallow some reducing pills so the limb wont break off.



THE MILTOWN MOLECULE

A tranquilizer well suited for prolonged therapy

NO ORGANIC CONTRAINDICATIONS

reported to date

- well tolerated, non-addictive, essentially non-toxic
- no blood dyscrasias, liver toxicity, Parkinson-like syndrome or nasal stuffiness
- chemically unrelated to chlorpromazine or reserpine
- does not produce significant depression
- orally effective within 30 minutes for a period of 6 hours

Indications: anxiety and tension states, muscle spasm.

the original meprobamate

Miltown®

2-methyl-2-*n*-propyl-1,3-propanediol dicarbamate—U.S. Patent 2,724,720

SUPPLIED: 400 mg. scored tablets. Usual dose: 1 or 2 tablets t.i.d.

DISCOVERED AND INTRODUCED by Wallace Laboratories, New Brunswick, N. J.

Literature and Samples Available on Request

months. But one thing seems certain: The era of ethical hair-splitting is almost over for physicians. Tomorrow's Principles of Medical Ethics will be simple, brief, and enduring.

The A.M.A.'s Proposed Principles of Medical Ethics*

Preamble. These principles are intended to serve physicians, individually or collectively, as a guide to ethical conduct. They are not laws; rather, they are standards by which a physician may determine the propriety of his own conduct. They are intended to aid physicians, in their relationships with patients, with colleagues, with members of allied professions and with the public, to maintain under God, as they have through the ages, the highest moral standards.

Section 1. The prime objective of the medical profession is to render service to humanity with full respect for both the dignity of man and the rights of patients. Physicians must merit the confidence of those entrusted to their care, rendering to each a full measure of service and devotion.

Section 2. Physicians should strive continuously to improve their medical knowledge and skill, and should make available the benefits of their professional attainments.

Section 3. A physician should not base his practice on an exclusive dogma or a sectarian system, nor should he associate voluntarily with those who indulge in such practices.

Section 4. The medical profession must be safeguarded against members deficient in moral character and profes-

*Wording is still tentative.

NOW AVAILABLE....

a new unique antibiotic

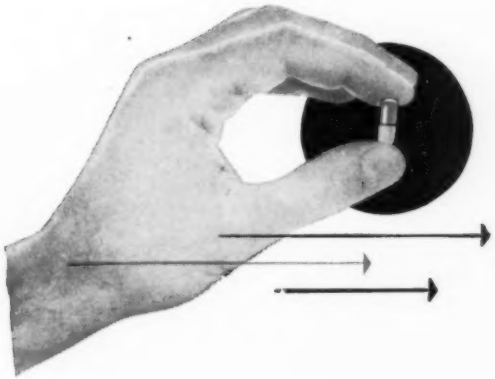
PROVED EFFECTIVE

AGAINST SPECIFIC

ORGANISMS (*staphylococci and proteus*)

RESISTANT TO ALL OTHER

ANTIMICROBIAL AGENTS



TODAY's resistant pathogens are the tough survivors of a dozen widely used antibiotics. Certain organisms, notably *Staphylococcus aureus*[4] and susceptible strains of *Proteus vulgaris* produce infections which have been resistant to *all* clinically useful antibiotics.

To augment your armamentarium against these resistant infections, 'CATHOMYCIN' (Novobiocin, Merck), derived from an organism recently discovered and isolated in the Merck Sharp & Dohme Research Laboratories[1], is now available.

SPECTRUM—'CATHOMYCIN'[1,2,3,5,6] has also been shown to be active against other organisms including—*D. pneumoniae*, *N. intracellularis*, *S. pyogenes*, *S. viridans* and *H. pertussis*, but clinical evidence must be further evaluated before 'CATHOMYCIN' can be recommended for these pathogens.

ACTION—'CATHOMYCIN' in optimum concentration is bactericidal. Cross-resistance with other antibiotics has not been observed.[7]

TOLERANCE—'CATHOMYCIN' is generally well tolerated by patients.[5,6,8,9,10,11]

ABSORPTION—'CATHOMYCIN' is readily absorbed[5,6,9] and oral dosage produces significant blood and tissue levels which persist for at least 12 hours.[7]

'CATHOMYCIN'

(Crystalline Sodium Novobiocin, Merck) **SODIUM**

INDICATIONS: Clinically 'CATHOMYCIN' has proved effective for cellulitis, carbuncles, skin abscesses, wounds, felons, paronychiae, varicose ulcer, pyogenic dermatoses, septicemia, bacteremia, pneumonia and enteritis due to *Staphylococcus* and infections caused by susceptible strains of *Proteus vulgaris*.[6,7,8,9,10,11,12,13,14] Also, it is of particular value as an adjunct in surgery since staphylococcic infections seem prone to complicate post-operative courses.

SUPPLIED: 'CATHOMYCIN' Sodium (Crystalline Sodium Novobiocin, Merck) in capsules of 250 mg., bottles of 16.

'CATHOMYCIN' *is a trademark of Merck & Co., Inc.*

REFERENCES:

1. Wallick, H., Harris, D.A., Reagan, M.A., Ruger, M., and Woodruff, H.B., *Antibiotics Annual*, 1955-1956, New York, Medical Encyclopedia, Inc., 1956, pg. 909.
2. Frost, B.M., Valiant, M.E., McClelland, L., Solotorovsky, M., and Cuckler, A.C., *Antibiotics Annual*, 1955-1956, pg. 918.
3. Verwey, W.F., Miller, A.K., and West, M.K., *Antibiotics Annual*, 1955-1956, pg. 924.
4. Kempe, C.H., *Calif. Med.*, **84**:242, April 1956.
5. Simon, H.J., McCune, R.M., Dineen, P.A.P., Rogers, D.E., *Antib. Med.*, **2**:205, April 1956.
6. Lubash, G., Van Der Meulen, J., Berntsen, C., Jr., Tompsett, R., *Antib. Med.*, **2**:233, April 1956.
7. Lin, K.-E., Coriell, L.L., *Antib. Med.*, **2**:268, April 1956.
8. Limson, B.M., Romansky, N.J., *Antib. Med.*, **2**:277, April 1956.
9. Morton, R.F., Prigot, A., Maynard, A. de L., *Antib. Med.*, **2**:282, April 1956.
10. Nichols, R.L., Finland, M., *Antib. Med.*, **2**:241, April 1956.
11. Mullins, J.F., Wilson, C.J., *Antib. Med.*, **2**:201, April 1956.
12. David, N.A., Burgner, P.R., *Antib. Med.*, **2**:219, April 1956.
13. Marton, W.J., Heilman, F.R., Nichols, D.R., Wellman, W.E., and Geraci, J.E., *Antib. Med.*, **2**:258, April 1956.
14. Milberg, M.B., Schwartz, R.D., Silverstein, J.N., *Antib. Med.*, **2**:286, April 1956.

sional competence. Physicians should observe all laws, uphold the dignity and honor of the profession and accept its self-imposed disciplines. They should expose, without hesitation, illegal or unethical conduct of fellow members of the profession.

Section 5. Except in emergencies, a physician may choose whom he will serve. Having undertaken the care of a patient, the physician may not neglect him. Unless he has been discharged, he may discontinue his services only after having given adequate notice. He should not solicit patients.

Section 6. A physician should not dispose of his services under terms or conditions which will interfere with or impair the free and complete exercise of his independent medical judgment and skill or cause deterioration of the quality of medical care.

Section 7. In the practice of medicine a physician should limit the source of his professional income to medical services actually rendered by him to his patient.

Section 8. A physician should seek consultation in doubtful or difficult cases, upon request or when it appears that the quality of medical service may be enhanced thereby.

Section 9. Confidences entrusted to physicians or deficiencies observed in the disposition or character of patients, during the course of medical attendance, should not be revealed except as required by law or unless it becomes necessary in order to protect the health and welfare of the individual or the community.

Section 10. The responsibilities of the physician extend not only to the individual but also to society and demand his cooperation and participation in activities which have as their objective the improvement of the health and welfare of the individual and the community. END

New, more efficient wound dressing procedures are made possible with

AEROPLAST®

Brand of Vibesate[1]

plastic spray-on dressing[2,3,4]

Basic procedure in applying Aeroplast is simple. With the dispenser held about ten inches away from the lesion, two or three light coats are sprayed directly onto the aseptic dry wound and adjacent skin area. Each coat is sprayed on in one sweeping stroke, then allowed to dry thirty seconds before applying the next.

The transparent film dressing which results **excludes bacteria, is non-macerating, non-sensitizing, and does not adhere to raw wound surfaces,** thus **encourages a clean, primarily healed wound.**[4] Aeroplast adapts to any body contour, permitting satisfactory dressing of awkwardly situated wounds without uncomfortable bulk. This method of dressing allows the physician to evaluate healing progress at will without removing the dressing.

Cost of Aeroplast dressing as applied is about ½ cent per square inch. For example, cost of dressing one 10 inch incision is approximately 20 cents. In most wounds, the initial dressing is sufficient until time to remove sutures.[2,3] Aeroplast is STERILE.

in the hospital

Laparotomies, thoracotomies, herniorrhaphies, mastectomies, ileostomies, colostomies, pilonidal cysts, skin graft donor and recipient sites, severe excoriation . . . all offer opportunities for use of Aeroplast as the primary and definitive dressing.

in the office

For minor burns, abrasions, lacerations, superficial scalp wounds, or to dress almost any hard-to-bandage site, Aeroplast has the advantage of being washable, inexpensive, and not cumbersome.

in industry

Whether the injury is from trauma, burn, excoriation, or minor surgery—Aeroplast protects from dirt and bacteria, is washable and flexible, and may help shorten off-the-job time. Patients appreciate its convenience.

1. Vibesate (Aeroplast), New and Nonofficial Remedies, 1955, p. 541.
2. Choy, D.S.J.: A.M.A. Arch. Surg. 68:33 (Jan.) 1954.
3. Rigler, S. P., and Adams, W. E.: Surgery 36:792 (Oct.) 1954.
4. Wexler, D. J., Bromberg, F., Rakieten, M. L., and Ryan, B. J.: Am. J. Surg. In Press.

Reprints available on request.

Supplied in 6-oz. dispenser through your surgical dealer or prescription pharmacy.

AEROPLAST CORPORATION

429 Dellrose Avenue • Dayton 3, Ohio

Are You Shielded From the Telephone?

Your aide can help you avoid visiting-hour interruptions. Here's how it's done in one office without angering the doctor's callers

By Frances Marold

A few months ago, MEDICAL ECONOMICS published a report on doctors' telephone habits. It showed that there are surprisingly few physicians who have an effective system for handling phone calls from patients during office hours.

Why don't they have one? The system itself is simple to set up. All it takes is a well-trained aide who acts as a buffer between her employer and the ever-recurring nuisance call.

Too often, however, the aide *isn't* trained to become the accomplished buffer she ought to be. I was reminded of this most recently in Dr. W's office:

Dr. W had complained to one of our consultants that Miss H persisted in switching all calls to his desk phone.

THE AUTHOR *is associated with Professional Management of Waterloo, Iowa. This is the fifth of a series of articles by her on the doctor-aide relationship.*

"I've told her not to do it while I'm examining a patient," he said. "But she constantly disregards my orders."

When queried about this, Miss H spoke up indignantly: "What else *can* I do? Some patients insist on talking to the doctor. I'm afraid to refuse.

"Take Mrs. Adams. She phoned the doctor last week when he was in consultation. I got her to leave a message by promising he'd call her right back within the hour. As soon as he was free, I gave him the message. But he was too busy to do anything about it.

"Today, Mrs. Adams phoned again, and again the doctor was busy. I said I'd ask him to call her back. She practically took my ear off. 'Oh no!' she said. 'I'm on to you now. You don't even *give* the doctor my messages. Please let me speak to him right now.'

"Rather than put the blame on my employer, I simply accepted the rebuke. And I put the call through to him, though I knew he wouldn't like it."

Obviously, Dr. W needed to establish a better arrangement with his aide. So we told him how another doctor we know handles such calls:

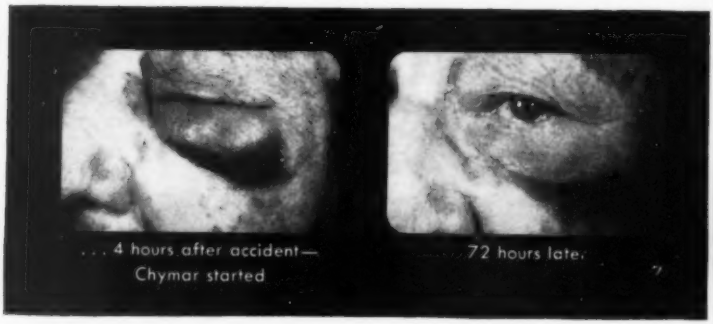
Dr. V has instructed his aide to schedule a fifteen-minute break in the appointment book every day at 3:30. During this period the doctor makes a point of catching up on his phoning.

Whenever a patient calls—if, of course, there's no emergency—the aide takes a message and explains that

the new injectable enzyme

CHYMAR

relieves inflammation through systemic action



Chymar reduces edema...hastens absorption... reduces inflammation . . . restores circulation . . . stops further tissue necrosis . . . promotes healing.

Chymar is a suspension of chymotrypsin, a proteolytic enzyme, in sesame oil for intramuscular injection. Each 1 cc. supplies 5000 units of proteolytic activity. In 5 cc. vials.

THE ARMOUR LABORATORIES
A DIVISION OF ARMOUR AND COMPANY • KANKAKEE, ILLINOIS

Dr. V will return the call soon after 3:30. At that hour she gives the physician a list of the messages, keeping a duplicate herself. Then she gets the first patient on the wire; and the doctor takes the call, with the aide listening in.

The office has two telephone lines. So when the first conversation seems to be nearly over, she dials the next patient on the other line. "Mrs. Green," she says, "Dr. V will talk with you as soon as his wire is free." Then he takes over again.

Dr. V says that calls are handled twice as fast this way. His patients understand about his regular call-back period, so they don't fume at not hearing from him earlier. He's less likely to miss them, because they know when to expect his call. And there's no danger of his forgetting someone, since the aide is on duty with her duplicate list.

Aide's the Solution

Dr. V, in other words, is one medical man who's making full use of his secretary's ability to shield him from needless interruptions. END

What Ails Medical Research

Last year's medical research spurt cost the country $240 million. Is it paying off? Not so fast as it should be, say the experts

By Helen C. Milius

No one begrudges praise to medical research for its spectacular accomplishments. But its unfinished business leaves your office full of arthritics, hypertensives, heart and cancer patients, alcoholics, and schizophrenics.

"Why don't the miracle-makers lick *these* problems?" you may wonder.

Well, medical research has its own problems—and one of them is *you*. Urgently needed, it seems, is better liaison between the practicing medical man and the research laboratory.

This is one of the revelations of a monumental two-volume report* that summarizes a fifteen-year appraisal of medical research by the American Foundation. The most comprehensive analysis of its kind, it gives the doc-

*"Medical Research: A Midcentury Survey." Vol. 1: "American Medical Research in Principle and Practice." Vol. 2: "Unsolved Clinical Problems in Biological Perspective." Edited by Esther Everett Lape and associates. Published for the American Foundation by Little, Brown & Co., Boston, 1955. $15.

tor in practice a complete guided tour of the "other world" of his research colleagues.

There are three major trouble spots in that world:

1. *Money*. Even when there's a good deal available, the need is for far more.

2. *Nature*. The deeper we probe into it, the more profoundly complex the job gets.

3. *Men*. Where are we to find all the geniuses needed for such research?

Take money first. It appears to be literally pouring in. The $240 million spent on medical research last year is 533 per cent of the grand total for 1941. Research funds of philanthropic foundations and of industry in 1955 amounted to over 200 per cent of their 1941 total; of voluntary health associations, to 910 per cent; of the Federal Government, to 3,880 per cent.

That's right. The U.S. Government now spends about thirty-nine times as much for medical research as it did fifteen years ago.

Isn't that enough? The American Foundation says no. (It's apparently less than we spend for monuments and tombstones.)

Why? The editors of the report quote a Harvard scientist:

"The days of picking gold nuggets from the surface of the ground are gone. Now it takes deep digging, which means . . . big expenses."

Modern research, for example, needs high priced pre-

Five years' clinical experience demonstrates faster recovery from herpes zoster and neuritis

Start
PROTAMIDE®
Promptly

Clinical Evaluation of Protamide® in Sensory Nerve Root Inflammations and Allied Conditions

With only one to four injections of Protamide®* prompt and complete recovery was obtained in 84% of all herpes zoster patients and in 96% of all neuritis patients treated during a five-year period by Drs. Henry W., Henry G., and David R. Lehrer (Northwest Med. 75:1249, 1955).

The investigators report on a total of 109 cases of herpes zoster and 313 cases of neuritis, all of whom were seen in private practice. They attribute the prompt recovery from the disabling pain of these conditions to the fact that Protamide therapy was started at the patient's first visit. The shortening of the period of disability by this method of management they describe as "a very gratifying experience for both the physician and the patient."

HERPES ZOSTER—In this condition, which often results in disabling pain for prolonged periods, they report that "all but one of the 109 patients responded with complete relief of pain and healing of lesions." There was not a single instance of postherpetic neuralgia in any of the 108 patients who responded to Protamide therapy. Pain relief was prompt, and the duration of disability was greatly shortened, with the most

dramatic responses being observed in patients treated within a few days after onset of symptoms.

NEURITIS—Types of neuritis which in previous experience of the Drs. Lehrer had proved intractable and persisted for weeks despite therapy with Vitamins B_1 or B_{12}, analgesics, massage, and heat, were treated with Protamide. Excluded were cases caused by mechanical pressure on the nerve root. Instead of persisting for weeks as formerly, the disability from this type of neuritis was shortened to a few days when Protamide therapy was started at the first visit. Only one of the 313 patients in this series failed to respond with complete recovery, and none reported relapses.

CONCLUSIONS—Based on their extensive observations in this five-year period, the Drs. Lehrer comment on the "outstandingly superior" results with Protamide, and state that: "Protamide is now our therapy of choice in herpes zoster and radiculitis. Other methods of treatment have been discarded."

**Protamide® is a sterile colloidal solution prepared from animal gastric mucosa . . . free from protein reaction . . . virtually painless on administration . . . used intramuscularly only. Available from supply houses and pharmacies in boxes of ten 1.3 cc. ampuls.*

. . . a product of

Sherman Laboratories
Detroit 11, Michigan

cision tools: cyclotrons, high-voltage generators, cathode-ray oscillographs. It needs more and more laboratory animals. It also needs more human guinea pigs—whom it must maintain at current hospital rates.

No Quick Results

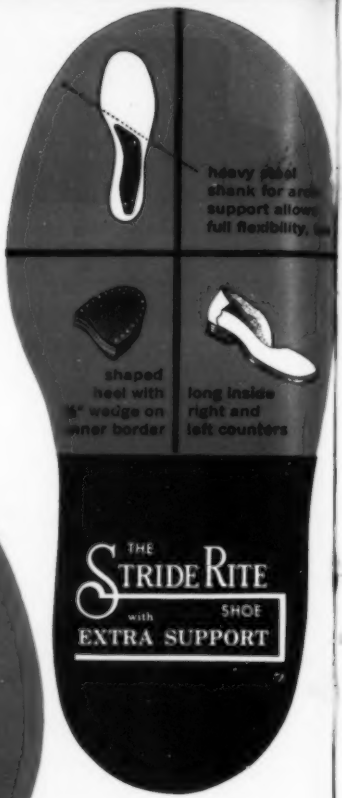
Most costly of all is the slowness with which a given project may drag on, consuming many times the money originally estimated. The American Foundation survey shows that investigators had to work through forty years in order to give you the Salk vaccine; and you're able to use sex hormones in cancer therapy only because of fifty years' concentrated research in that field.

Philanthropic foundations are loyal backers of such protracted research projects, of course. One of them has given as many as twenty successive grants to a single project. But it's Uncle Sam who, since 1951, has been the real benefactor.

Is medical research bogging down under bureaucratic controls as a result? Not according to the American Foundation,

SOMETHING EXTRA SPECIAL

for growing feet with special problems



Here, Thomas heels, steel shanks, and special right and left counters are combined with traditional Stride Rite quality and fit . . . in these special shoes for cases where *extra support* is indicated.

And we'll incorporate any additional corrections you prescribe.

You'll find that Extra Support shoes are made with the same skill, care and pride as all other Stride Rites. and you'll also find that most doctors who know them, recommend them!

DOCTOR: If you are not already familiar with Stride Rites, and the Stride Rite Shoe with Extra Support, write for information to: Green Shoe Mfg. Co., 40 Harrison Avenue, Boston, Mass.

which finds that Federal aid—once given—generally has few strings attached. The catch, however, is in those words "once given." For the real drawback to Federal funds seems to be that they reflect public pressure.

The public now underwrites directly (through taxes and contributions) at least 50 per cent of the country's medical research. And the public tends to be an unscientific and emotional donor. So its outbursts of sentiment rock the research boat in several directions. Thus:

Money flows toward whatever arouses sympathy or fear, regardless of true needs.

In a sample year, for instance, the United Cerebral Palsy Association received $8.2 million in gifts, while the National Association for Mental Health was able

"As the consultant suggested by me, you'll agree with my findings, I'm sure."

to collect only $1 million. And clinical infertility—a condition that every doctor recognizes as commoner, and sometimes more tragic, than polio—gets almost no recognition whatever: "At least two major [projects] have had an untimely end for lack of funds."

The uncertainties of public support give scientists a yearly attack of jitters.

This is true in particular of Government funds, which get an annual roughing-up from a Congress whose ear is always to the political ground.

Cart Before Horse

Money is pressured toward "cures," though basic research should come first.

"The public tends to associate . . . research . . . with 'discovery' of more and better miracle drugs," the survey finds. "It supports drives for 'conquering' cancer." But it fails to realize "the truth that solution of all clinical problems involves fundamental biological research."

Thus, the survey indicates yawning gaps in preclinical areas (biochemistry, physiology, genetics, for example) that basic research must bridge before the researcher can even contemplate new therapeutic tools for your use. But such undramatic investigation lacks "cure" appeal. Congress is "willing to give money for trachoma—no longer a problem in this country—" but pinches its pennies when asked to support work on the physiology of the eye.

Schools in Trouble

Want to see the whole, bleak financial picture in a single frame? Then take a look at the plight of research in the medical schools.

The American Foundation report calls the schools the "primary producers and conservers of the basic research of the nation." They're responsible for about 45 per cent of all medical research, it states. Yet, because of money troubles, the schools are in hot water in the following ways:

Who Has Control?

¶ They're in danger of losing control of their research programs. Their own funds cover less than one-fifth of the investigative work they do. The balance is at the mercy of whoever pays the bill—Government, in-

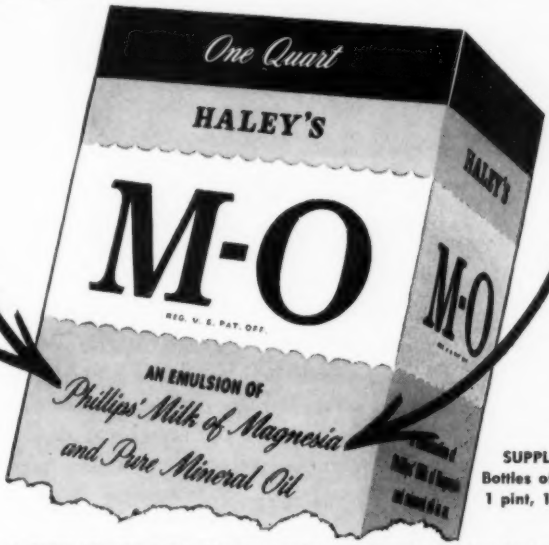
NOW...
also in Delightful
FLAVORED
FORM

Smooth-Working Combination

TO HELP CORRECT CONSTIPATION
Antacid • Laxative • Lubricant

Magnesium Hydroxide plus pure mineral oil make Haley's M-O a smooth working antacid-laxative-lubricant that efficaciously relieves constipation and the attendant gastric hyperacidity.

The oil globules in Haley's M-O are minutely subdivided to assure uniform distribution and thorough mixture with intestinal contents. Oil leakage is avoided and a comfortable evacuation is effected through stimulation of normal intestinal rhythm and blunted defecation reflex.



SUPPLIED:
Bottles of 8 oz., 1 pint, 1 quart.

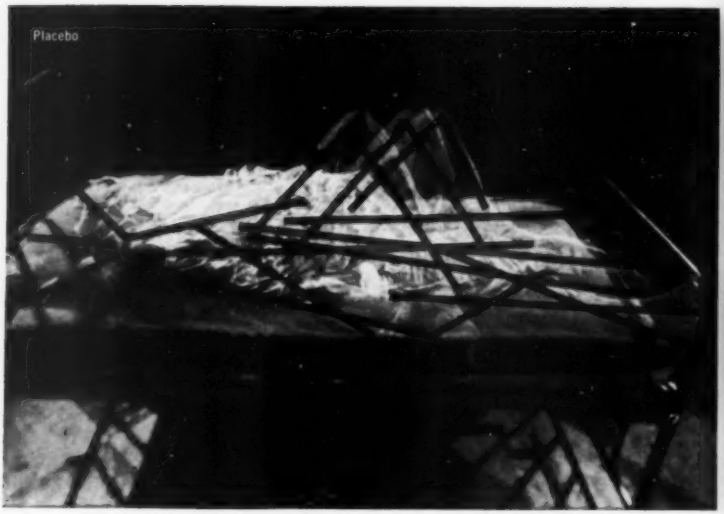
THE CHAS. H. PHILLIPS CO. DIVISION *of Sterling Drug Inc.* **1450 Broadway, New York 18, N. Y.**

through-the-night photographs show...

NONBARBITURATE

Doriden®

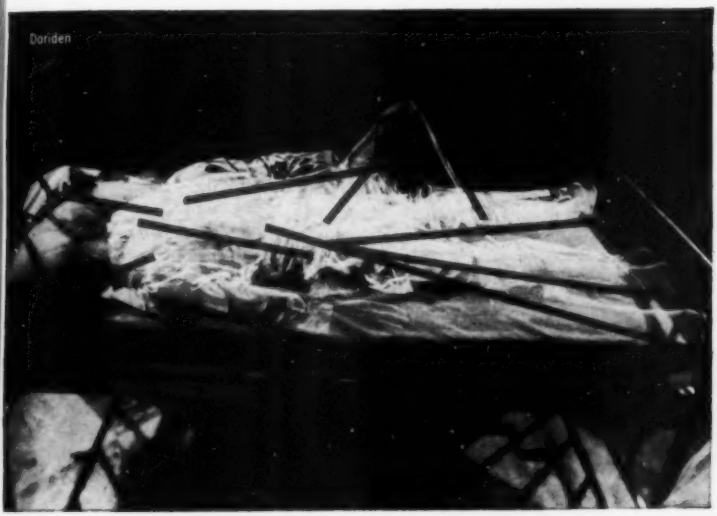
Habituation has not been reported



Twenty-eight-year-old male, restless sleeper, tense personality with occasional insomnia, was photographed at fixed intervals during the night to produce a series of exposures on same sheet of film. On placebo (above), unique "stroboscopic" picture shows him in typical fitful night of unrest.

Further clinical evidence of the sedative and hypnotic effectiveness of DORIDEN *is provided by numerous clinical studies. In most cases, Doriden acts in 15 to 30 minutes, affords 4 to 8 hours of refreshing sleep . . . and come morning, the patient awakens "clear-headed."*

induces sound, restful sleep



Same patient on successive night, following administration of Doriden 0.5 Gm. at bedtime, is shown in distinctly more restful repose. Total sleep was achieved in 16 minutes. Close study of activity pattern shows approximately 50 per cent reduction in overt motion and restlessness.

DORIDEN ***is also an excellent daytime sedative . . . calms the tense, anxious, overwrought patient.***

DOSAGE: For SLEEP — 0.5 Gm. at bedtime.
As a DAYTIME SEDATIVE — 0.125 or 0.25 Gm. t.i.d. after meals.
TABLETS, 0.125 Gm., 0.25 Gm. (scored) and 0.5 Gm. (scored).
DORIDEN® (glutethimide CIBA)

CIBA
SUMMIT, N.J.

2/22SDM

dustry, or some other donor. This set-up exposes scientists to pressure for *applied* research, sometimes of dubious value to medicine, rather than for *basic* research. (The survey lifts an eyebrow at a project on the nutritional effects of frying doughnuts, for example.)

Who Has Money?

¶ Some schools still lack research funds—their own or anyone else's. The survey reports that 60 per cent of the total sum available for medical school research is spent by 25 per cent of the schools. A recent study of a cross-section of the schools showed that one-fourth had no research funds at all—not even for doughnuts.

(This, by the way, is viewed as an unwholesome state of affairs for the medical student: Schools without research projects may fail to prepare the future doctor for a "realization of the rapidly moving boundaries of medical science.")

¶ In some places, research grants threaten to upset the faculty apple cart. Public Health Service grants are giving finan-

New Relief from the Enigmas of Pruritus Ani

CASE – MALE, 55 YEARS

BEFORE

Rectal itch for 20 years; itching in rectal area extending across perineum to scrotum in wide area. Red scratches in perineal region. Severe erythema. Areas sensitive, painful, tender.

Hydrolamins Ointment, an isotonic, specially selected combination of amino acids, offers a new answer to the baffling problem of ano-genital pruritus.

Therapy is based on the observation[1,2,3] that this non-irritating protein counteracts the protein-precipitating irritant responsible for the pruritus and is protein-sparing to perianal tissue.

AFTER

Hydrolamins applied 3 times daily to whole area. No irritation developed. Itching relieved immediately, and healing was complete in three weeks.

FORMULA:

Hydrolamins offers an isotonic, specially selected combination of amino acids derived from lactalbumin, in a vehicle of polyethylene glycol 1500.

SUPPLIED:

1 oz. (28 Gm.) and 2.5 oz. (70 Gm.) tubes with peel-off label.

Lewal PHARMACEUTICAL COMPANY CHICAGO 14, ILLINOIS

REFERENCES:

1. Bodkin, L.G.: Amino Acid Therapy for Pruritus Ani, Am. J. Surg. 82:557 (Nov.) 1951.
2. Bodkin, L. G., and Ferguson, E. A., Jr.: Successful Ointment Therapy for Pruritus Ani, Am. J. Digest. Dis. 18:59 (Feb.) 1951.
3. McGivney, J.: Recent Advances in Proctology, Texas J. Med. 47:770 (Nov.) 1951.

cial transfusions to most schools, according to the survey. But P.H.S. teaching grants can support work only in such fields as Congress specifies—at present, for example, cancer, heart, and mental health. As a result, faculties may get lopsided.

The report singles out the situation in one school, for instance: It has two full-time instructors in a department of oncology, though it lacks a full-time man in surgery, pediatrics, or psychiatry!

Hard Nuts to Crack

Even if he could cure his money migraine, the medical research scientist would still have headaches. These days, he's coming up against mysteries of Nature that would "make a nuclear physicist shudder," the survey remarks.

"Medical problems are all, in the last analysis, problems of protoplasm." To solve them, your colleague in research has to explore "the structure of the living cell, the . . . innumerable compounds of which it is constructed, and . . . the chemical and electrical changes constantly occurring within it." Some of these phenomena are beyond the reach even of electron microscopes with magnifications of 100,000.

[MORE ▶

Somnos.

CAPSULES AND ELIXIR CHLORAL HYDRATE

for the aged, "sleep and sedation without any medullary depression"[1]

MAJOR ADVANTAGES: "One of the safest of all sedatives."[2] Affects no vital function.

SOMNOS helped him to sleep—without delay

For the restlessness and insomnia of your elderly patient, SOMNOS—chloral hydrate—is "an excellent and essentially nontoxic sedative."[3] Sleep follows administration within the hour. Relaxation is complete, yet the patient may be aroused easily and awakes refreshed.

SOMNOS is useful for cardiac and psychiatric patients.[1] Indeed, it may be given to almost anyone, of any age, for chloral hydrate has a "large margin of safety."[2]

SHARP & DOHME

Philadelphia 1, Pa.
DIVISION OF MERCK & CO., INC.

References: 1. West Virginia M. J. 49:292, 1953. 2. Mod. Med. 19:59, 1951. 3. Geriatrics 9:303, 1954.

The survey elaborates on nine clinical conditions that can apparently be studied best through "cracking" the living cell: arteriosclerosis, alcoholism, cancer, hypertension, infertility, rheumatic syndromes, tuberculosis, and virus diseases. Even schizophrenia is going submolecular, on the theory that there's "no twisted thought without a twisted molecule."

So complex are the problems now being studied that a single cancer project has involved 108,000 women; another, 500,000 men. Is it any wonder that the findings take so long to sift through into the practical realm —and then on into your practice?

Men Wanted

What's needed above all is specially trained manpower. "*Men* do research—not money"; that's a slogan the survey quotes from the Markle Foundation. But there's the rub. Where do you find men with all the requisite abilities?

The report describes the instruments used in submolecular study as technological monsters that "create problems as formid-

When the patient is under unusual stress...

STRESSCAPS*

Stress Formula Vitamins Lederle

A complete vitamin formula designed to ease the daily stress in modern living—to restore efficiency, to replace depleted essential vitamins. STRESSCAPS provide the formula suggested by the National Research Council, plus Vitamin K. *One capsule daily.*

Each Capsule Contains:

Thiamine Mononitrate (B_1)	10 mg.
Riboflavin (B_2)	10 mg.
Niacinamide	100 mg.
Ascorbic Acid (C)	300 mg.
Pyridoxine HCl (B_6)	2 mg.
Vitamin B_{12}	4 mcgm.
Folic Acid	1.5 mg.
Calcium Pantothenate	20 mg.
Vitamin K (Menadione)	2 mg.

*REG. U.S. PAT. OFF.

LEDERLE LABORATORIES DIVISION *AMERICAN CYANAMID COMPANY* PEARL RIVER, NEW YORK

able as those they are designed to solve." What do *you* know about the emission spectroscope, ultracentrifuge, or microfluorometric scanner? How many men who do understand such things are as much at home with medicine as you are?

Specialists Wanted

Yet today's ideal researcher would need training in several highly special fields. He'd need to know medicine, physics, engineering, mathematics, chemistry—and more besides.

Since few men are that accomplished, teamwork is the current password in research. The survey discloses, for instance, the lineup for a project on mental health: biochemists, geneticists, endocrinologists, neurophysiologists, biometricians, statisticians, anthropologists, an electrical engineer, and a mathematical logician.

Genius Needs Training

Yet it adds that teams are never a substitute for individual genius: "Discovery takes place in single brains."

Which takes us right back to the bottleneck: Research needs to put more geniuses on the job. The report makes this crystal-clear. What isn't clear is the answer to an important question: Where can the budding medical genius get the multi-faceted training for molecular research?

The medical schools are having a tough time teaching medicine, let alone electronics and other subjects. In a recent search for more pharmacologists, a check of schools showed thirteen chairs of pharmacology vacant.

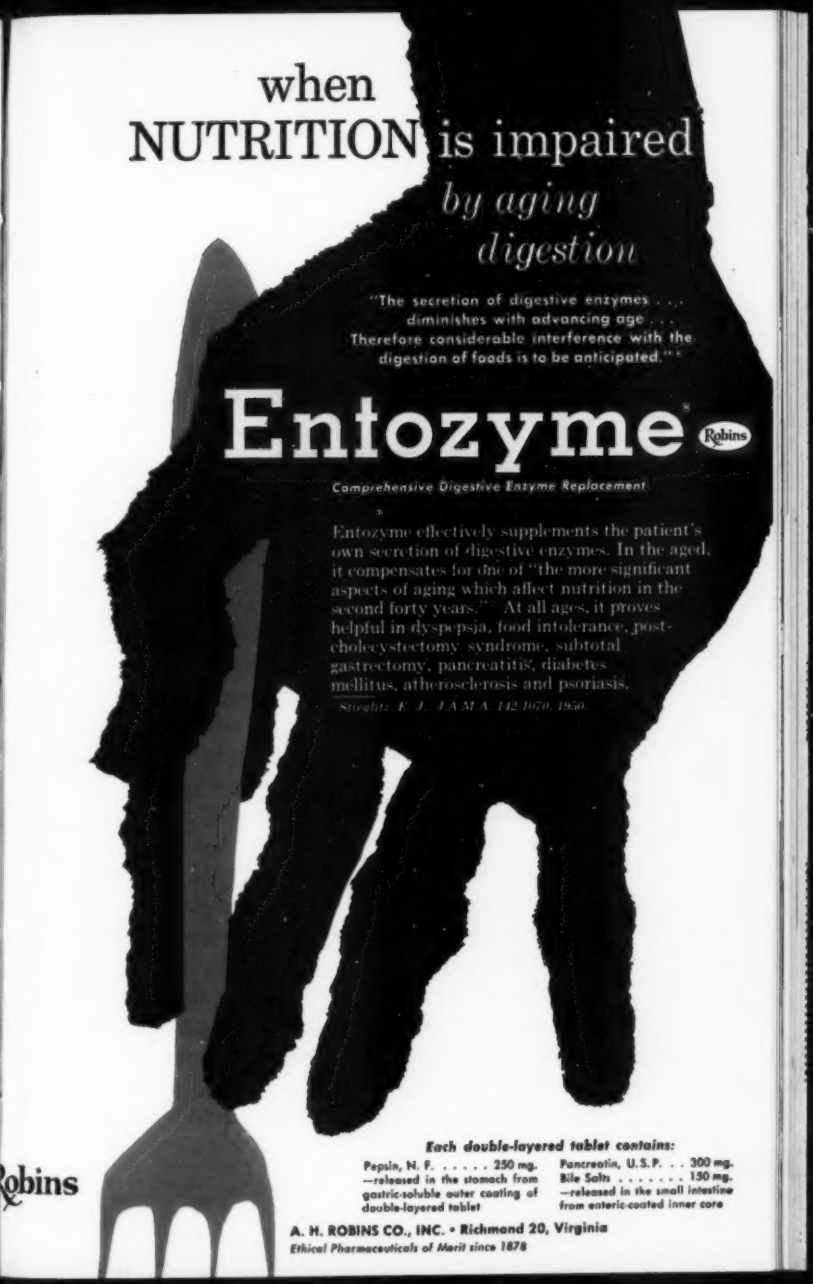
These are some of the reasons why the therapies you and your patients dream about are materializing less swiftly than you'd like.

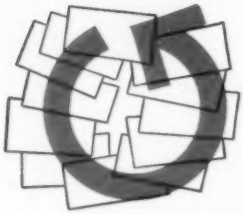
Is there anything you can do about it?

What's the Answer?

Here's what the American Foundation says: "The most urgent of present national needs in the medical field is . . . expansion and improvement of medical education, integrally related to research."

In other words, "Medical Research: A Midcentury Survey" seems to suggest that the U.S. doctor give strong support to the nation's medical schools. In so doing, he'll be helping to improve the tools of his own practice in the years ahead. END


when
NUTRITION is impaired
by aging
digestion
"The secretion of digestive enzymes . . . diminishes with advancing age . . . Therefore considerable interference with the digestion of foods is to be anticipated."*
Entozyme®
Robins
Comprehensive Digestive Enzyme Replacement
Entozyme effectively supplements the patient's own secretion of digestive enzymes. In the aged, it compensates for one of "the more significant aspects of aging which affect nutrition in the second forty years." At all ages, it proves helpful in dyspepsia, food intolerance, post-cholecystectomy syndrome, subtotal gastrectomy, pancreatitis, diabetes mellitus, atherosclerosis and psoriasis.
*Stieglitz E. J. J.A.M.A. 142:1070, 1950.
Each double-layered tablet contains:
Pepsin, N. F. . . . . 250 mg.
—released in the stomach from gastric-soluble outer coating of double-layered tablet
Pancreatin, U.S.P. . . 300 mg.
Bile Salts . . . . . 150 mg.
—released in the small intestine from enteric-coated inner core
Robins
A. H. ROBINS CO., INC. • Richmond 20, Virginia
Ethical Pharmaceuticals of Merit since 1878



Cycle Billing: Should You Try It?

Would your aide's work be eased if you split up your accounts for billing on different dates? No, say most men who've tried it. Here's why

By Arthur Owens

"Billing turns my office into a madhouse at the end of the month," a physician recently wrote this magazine. "I've heard that some doctors split their accounts into two or more groups and bill each section on a different date. Do you think this so-called 'cycle billing' might relieve the strain for both my aide and me?"

My answer, after checking with physicians in two dozen areas across the country: Probably not.

Most of the physicians who have tried the cycle method have eventually discarded it. For most medical offices, the drawbacks it presents apparently outweigh the advantages it offers.

Generally, only those who mail more than 500 statements a month seem to prefer cycle billing to the end-of-the-month system. For example, the secretary of a medium-sized medical group comments:

"There's much less strain on our nerves since we di-

vided our billing into two sections. We still have deadlines for mailing statements, of course. But since there's less typing to do on each billing day, we now have more time to itemize statements and to check patients' names and addresses. And the doctors are pleased because the new method tends to spread remittances over the whole month."

Obviously, the same advantages could apply in smaller offices—*if* such offices had large secretarial staffs. As it is, most individual practitioners queried raised one or both of the following objections to cycle billing:

1. *It complicates the aide's work instead of lightening it.* "I'd rather prepare statements once a month than have the job hanging over me all the time," says the typical secretary.

Spread-out billing interferes with other duties, too. According to a number of the doctors, the girls work more efficiently if they have to face the task only twelve times a year.

Several years ago, a Michigan pediatrician decided to give cycle billing a try. After six months of it, he says, his aide threw in the sponge. It was taking her a total of four days to do a job that she had previously done in one and a half.

Why? Because more frequent billing meant more interruptions. It also meant repetition of such procedures as checking fees and credits with the doctor and posting them.

[MORE ▶

CYCLE BILLING

2. *It may delay collections.* Under the cycle system, many doctors report, aides are too prone to put off billing when they're busy. But unless statements are mailed at the same time every month, the patient never learns when to expect them. And when he can't *plan* for the doctor's bills, he's likely to be slow in paying.

Patients, after all, are accustomed to receiving bills from most of their creditors around the first of the month. "If I bill then," says one doctor, "I at least get into the shuffle."

A G.P. who has tried the cycle

What Brightened Your Day?

Share the story with your colleagues. MEDICAL ECONOMICS will pay $25-$40 for anecdotes accepted for publication. Tell us about the most exciting, amusing, amazing, or embarrassing incident that has occurred in your practice. Address Anecdote Editor, Medical Economics, Oradell, N.J.

technique reports that one of his patients was incensed at getting a statement on the sixteenth of the month, only a day or two after treatment. He accused the doctor of "commercialism"—and withheld payment for three months.

Poor Psychology?

Says the physician: "It's a matter of psychology, I guess. If I'd treated him on the thirtieth and billed him on the thirty-first, he would probably have accepted *that* as perfectly natural."

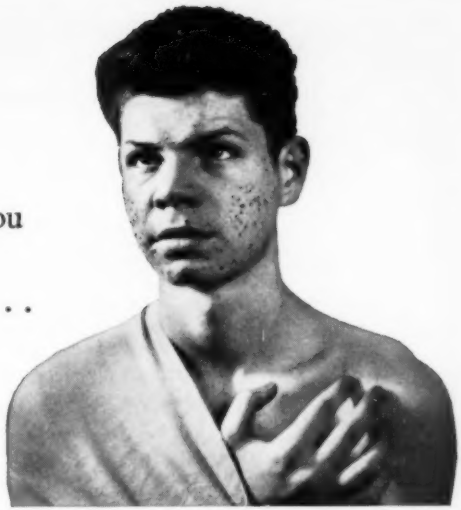
If the cycle method won't break billing bottlenecks in the small office, what will?

Quite a few practitioners have solved the problem by encouraging cash collections with itemized charge slips. (For a detailed account of how such slips are used, see MEDICAL ECONOMICS, August, 1954.) Others use various types of billing machines to speed the task. And still others prefer to hire an extra girl for a few hours each month.

These are practical solutions—more practical than cycle billing, the consensus of opinion seems to be. END

He came to have you

strap his shoulder . . .



. . . treat his acne, too

ACNE VULGARIS "never endanger[s] but often ruin[s] life." It "may leave unsightly pockmarks visible through a lifetime."

Rothman, S.: Acne Vulgaris (Guest Editorial), J.A.M.A. 159:1124 (Nov. 12) 1955.

So, when a teen-ager with acne comes to you for any reason—treat that acne, too.

ACNOMEL* CREAM

the most widely prescribed acne preparation

Also available: 'Acnomel' Cake

brings rapid improvement
quickly lifts patients' morale
is virtually invisible when applied
contains sulfur-resorcinol-hexachlorophene

Smith, Kline & French Laboratories, Philadelphia

*T.M. Reg. U.S. Pat. Off.

The Real Menace Of Drug Substitution

If what pops out of the Rx package is not what you ordered, then both the patient's health and your reputation are jeopardized

By W. E. Powers and Newell Stewart

About 90 per cent of all prescriptions written today are for medications already prepared by a manufacturer. And since many products are marketed by several manufacturers under different trade names, most doctors specify desired brands.

In each case, the doctor is justified in insisting that the patient get *exactly* the product prescribed.

Substitution isn't a new problem. It used to involve the replacement of one drug by something entirely different —potassium iodide, say, for sodium iodide.

Now, happily, such criminal substitution is negligible. But the substitution of one *brand* of drug for another is commonplace—ethical and legal principles notwithstanding.

In hospital practice there's been a trend toward adopt-

THE AUTHORS *are secretary and executive vice president, respectively, of the National Pharmaceutical Council.*

ing formularies of so-called equivalents. Staff physicians are informed that their prescriptions will be filled, whenever possible, with such equivalents.

This practice is sometimes referred to as "legalized" substitution. Actually, it is no more than "authorized" substitution. Certainly it is not legal under the terms of acts that regulate prescription compounding.

In retail pharmacies, substitution is neither legal *nor* authorized. Yet all too many druggists seem to be indulging in the practice—and without the knowledge of the prescriber. In many instances, of course, they make a larger profit by substituting a cheaper brand (often from a questionable source) for the one prescribed.

It isn't our aim here to discuss the economic, moral, and legal aspects of substitution. Instead, we want to point out the fallacy in the statement of the pharmacist who says, "All brands of a preparation are about the same. One's as good as another."

They're *not* all the same. In fact, *many* differences may exist between two brands of the "same" drug or drug preparation. For example:

Potency: There's marked variation in the potency of vitamins,

hormone preparations, and other drugs that are subject to deterioration.

How long they remain potent often depends on how they're manufactured; how pure their ingredients are; how they're packed, stored, etc.

Some highly dangerous imitations of hormone preparations have been marketed: They have quickly lost much of their estrogenic activity, with potentially grave effects on the patient.

Compatibility: Reputable drug manufacturers take great care to insure that the products they make—especially in liquid form—will be compatible with other medications the doctor may want to add. With cheaper products, incompatibilities occur often and are not always apparent.

Sustained-release medication: Brand-name products that are said to be identical but that in fact differ widely include many of the sustained-release type. Experience, know-how, and control are vital to their manufacture; for if your patient is to avoid overdosage, the medication must be released over the period of time intended.

[MORE ▶

G.P. Cures Sick Golf Games

How's your golf? Twenty years ago, Dr. H. A. Murray, of Exeter, England, decided his was "indifferent." So he took lessons and read every book on golf he could find. But the professionals all seemed to contradict each other. So he finally decided to "observe, experiment, study, and think" for himself. Now he's an expert. The evidence? He shoots par golf; and two years ago he published a book of his own, "The Golf Secret," which has brought him international acclaim. A second book followed, called "More Golf Secrets." Now the busy G.P. plans to write still another. The core of his secret advice: Watch that left shoulder!

Yet we've seen products whose medication, supposed to be released over an eight-to-ten-hour period, was actually released in as little as half an hour.

Disintegration: Take, for example, a compressed tablet that contains aminophylline, phenobarbital, and ephedrine, and is for the treatment of asthmatic attacks.

Precision Timing

An exacting manufacturer carefully controls the production process so that the tablet disintegrates and takes effect swiftly.

Yet tablets are made (with ingredients in identical amounts) that take literally hours longer than they should to disintegrate and give relief.

In the same way, depending on the method of manufacture, there is sometimes wide variation in the time required for solubility of solids.

Enteric coating: As you know, it's often vital that a drug be dissolved not in the stomach but in the intestine. Careful control is necessary to produce a properly coated tablet for this purpose. A poor job of enteric coating has been known to permit an otherwise good tablet to pass all the way through the body without disintegrating. [MORE▶

clinically proved in many common infections[1-60]

Hemolytic streptococcal infections/
Pharyngitis/Tonsillitis/Sinusitis/
Otitis media/Mastoiditis/
Scarlet fever/Lymphadenitis/Erysipelas

Staphylococcal infections/Pneumococcal infections/Gonococcal infections/
Vincent's infection/Prevention of streptococcal infection in individuals with a history of rheumatic fever/
Prevention of secondary infection due to penicillin-susceptible organisms

in dosage of just 1 or 2 tablets t.i.d.

and is far less costly than other penicillin salts

Pentids

200,000 UNIT BUFFERED PENICILLIN G POTASSIUM TABLETS

Recommended dosage: 1 or 2 tablets t.i.d. without regard to meals. Bottles of 12 and 100.

SQUIBB

REFERENCES: 1. Dugan, W. P., J. Amer. Dent. Soc. 2:356, Aug. 1955. 2. Lapin, J. H., Ann. Allergy 13:169, March-April 1955. 3. Andelman, M. B. and Fischbein, W. I., Antibiotic Med. 1:136, March 1955. 4. Statements of American Heart Association, Council on Rheumatic Fever and Congenital Heart Disease, Circulation 11:317, Feb. 1955. 5. Miller, J. M. et al., Antibiotics Annual 1954-55, Medical Encyclopedia Inc., N. Y., p. 105. 6. Seal, J. R. et al., J. Lab. & Clin. Med. 44:831, Dec. 1954. 7. Martin, W. J. et al., Am. Pract. & Dig. Treat. 5:1873, Oct. 1954. 8. Henner, R., Eye, Ear, Nose & Throat Monthly 33:530, Sept. 1954. 9. Rodstein, M. and Young, A., Clin. Med. 61:695, Sept. 1954. 10. Bernstein, S. H. et al., A. M. A. Arch. Int. Med. 93:894, June 1954. 11. Craige, E., North Carolina M. J. 14:593, Dec. 1953. 12. Barach, A. L., J. Amer. Ger. Soc. 1:616, Sept. 1953. 13. Barach, A. L., Geriatrics 8:423, Aug. 1953. 14. Boger, W. P., Indus. Med. & Surg. 22:288, July 1953. 15. Young, A. and Zadotsky, M., J.A.M.A. 152:987, July 1953. 16. Queries and Minor Notes, J.A.M.A. 152:1083, July 1953. 17. Roberts, E., A. M. A. Amer. J. Dis. Child. 86:643, June 1953. 18. Saint, W. W., J.A.M.A. 152:585, June 1953. 19. Huang, N. N. and High, R. H., J. Pediat. 43:332, May 1953. 20. Antibiotics: Round Table Discussion, Pediatrics 11:270, March 1953. 21. Feinberg, B., Rhode Island M. J. 36:138, March 1953. 22. Filippis, N. F., Delaware State M. J. 25:55, March 1953. 23. Dunn, H. W. Jr., Postgrad. Med. 13:150, Feb. 1953. 24. Flood, J. M., A. M. A. Arch. Dermat. & Syph. 67:42, Jan. 1953. 25. Kohn, K. H., Milzer, A. and MacLean, H., J.A.M.A. 151:347, Jan. 1953. 26. Siegel, S. et al., J. Allergy 24:1, Jan. 1953. 27. Statements of American Heart Association, Council on Rheumatic Fever and Congenital Heart Disease, J.A.M.A. 151:141, Jan. 1953. 28. Keefer, C. S., Pennsylvania M. J. 55:1179, Dec. 1952. 29. Harrell, W. E., J.A.M.A. 150:1450, Dec. 1952. 30. Levy, G. F., Connecticut State M. J. 16:899, Dec. 1952. 31. Romansky, M. J. and Kaiser, G. A., J.A.M.A. 150:1447, Dec. 1952. 32. Thomas, L., Minnesota Med. 35:1105, Dec. 1952. 33. Jones, C. C., J. Iowa M. Soc. 42:533, Nov. 1952. 34. Reimann, H. A., Postgrad. Med. 12:255, Sept. 1952. 35. Bunn, P. A., N. Y. State J. Med. 52:2005, Aug. 1952. 36. Finland, M., New England J. Med. 247:257, Oct. 1952. 37. Robinow, R. W. et al., U. S. Armed Forces M. J. 3:973, July 1952. 38. Hansen, A. E., South. M. J. 45:423, May 1952. 39. Dowling, H. F., G. P. 5:53, Feb. 1952. 40. Rhoades, P. S., G. P. 5:67, Feb. 1952. 41. Dowling, H. F. and Lepper, M. H., Med. Clin. North Amer., Jan. 1952, p. 247. 42. Karellis, S. and Schifrin, H., Postgrad. Med. 11:17, Jan. 1952. 43. Panel Discussion, Pennsylvania M. J. 55:62, Jan. 1952. 44. Filippis, N. F. et al., J.A.M.A. 147:918, Nov. 1951. 45. Mansell, G. F., Med. Concepts Cardiovas. Dis. 20:105, Sept. 1951. 46. Weinstein, L., Boston Med. Quarterly 2:1, Sept. 1951. 47. Mansell, G. F. et al., J.A.M.A. 146:1469, Aug. 1951. 48. Finland, M., Bull. New York Acad. Med., 27:199, April 1951. 49. Wheatley, D., Brit. M. J. 1:703, March 1951. 50. Keefer, C. S., Postgrad. Med. 9:101, Feb. 1951. 51. Bunn, P. A. et al., J.A.M.A. 146:1540, Dec. 1950. 52. Weinstein, L. and Perrin, T. S., J. Pediat. 37:864, Dec. 1950. 53. Keefer, C. S., Am. J. Med. 7:316, Aug. 1949. 54. Robinson, J. A., Hirsch, H. L. and Dowling, H. F., Am. J. Med. 4:716, 1948. 55. Parsch, A. L. and Gartenhaltz, B., Ann. Allergy 5:297, Aug. 1947. 56. Harrold, R. D., J. Ped. 27:897, May 1947. 57. White, H. J., Lee, M. E. and Alverson, C., Proc. Soc. Exper. Biol. & Med. 62:36, 1946. 58. Baumann, F. et al., J. Allergy 17:864, Sept. 1946. 59. Gamble, T. D. et al., Am. J. Obst. & Gynec. 50:514, Nov. 1945. 60. Voegtlin, A. C. and Hoffman, O. E., J. Iowa M. Soc. 33:189, May 1945.

Particle size: This is important in suspensions for parenteral use, where the rate of absorption is proportionate to the surface area of the particle.

It is also important in the treatment of such conditions as adrenal cortical disease. Everything depends on the method of manufacture.

Choice of base: A completely soluble base has obvious advantages in some cases. In others you may want a completely insoluble base. This means you need the brand with the right kind of base for each type of treatment.

In topical preparations, the character of the base often influences the rate of absorption through the skin. It also controls local therapeutic effects.

Allergics Beware!

Allergy: Manufacturers use different fillers. A patient may be allergic to one and not the other.

Quantity of active ingredient: Among certain official products a variation is allowed in the amount of the active ingredient. In a certain tablet, for example, the allowed variation in the active ingredient may be from 95 to 110

NOW!

EXCLUSIVE AUTOMATIC TILT on the *Ritter* Proctologic Table

Again, Ritter saves you more energy . . . more time for efficient treatment of your patients. The *new* Ritter Type 7-D-41 Proctologic Table brings you smooth, effortless, automatic hydraulic tilt. A light touch of the toe tilts this Ritter table to the exact position you wish. Both hands are left free to reassure your patient. Table is returned smoothly and quietly to horizontal by a touch of the toe. The automatic tilt mechanism is incorporated with the hydraulic base and has the same reliable smooth operating qualities.

Compare these Ritter features . . .

- **Automatic, hydraulic base and tilt mechanisms.**
- **Full 18 inch elevation range . . . 29″ to 47″.**
- **Maximum head-low of 50°.**
- **180° rotation.**
- **Table top 20″ wide . . . meets all requirements, saves valuable treatment room space, offers greater accessibility to patient.**

Own this new Ritter Table for about a dollar per day under the Ritter Professional Equipment Plan. Ask your Ritter dealer for details or write the Ritter Company, Inc., 4219 Ritter Park, Rochester 3, New York.

only Ritter makes it so easy...

COMPARE THESE RITTER FEATURES

a

Patient is positioned on table.

b

A light touch of the toe and the table tilts to the treatment position you wish.

c

Another touch of the controls with the toe and the table returns smoothly to horizontal.

Ritter Company Inc.

per cent of the claimed amount.

One manufacturer may supply a tablet with only about 95 per cent; another may give close to 110 per cent. So there may well be variation in the way patients respond to the so-called "identical" drugs.

Deviations from the content stated on the label are far less likely to occur if the drug is produced by a reliable manufacturer.

Irritativeness: This is a factor in liquid preparations and ointments intended for the skin and mucous membranes. Even though the amount of the active ingredient may be the same in two medications, many other factors (base, particle size, and isotonicity, for example) can cause irritation.

pH and isotonicity: Hydrogen ion concentration is of major importance in formulating nasal and ophthalmic preparations. Because of lack of control of pH, some nose drops cause a burning sensation in the nasal passages.

Package Can Matter

In addition, certain types of glass affect the pH of solutions, so that precipitation and poor clarity result. Here, therefore, the choice of container is also significant.

Isotonicity, as every medical man knows, is a big factor in the

Each 30 cc. of Donnagel contains:

Hyoscyamine Sulfate	0.1037	mg.
Atropine Sulfate	0.0194	mg.
Hyoscine Hydrobromide	0.0065	mg.
Phenobarbital (¼ gr.)	16.2	mg.
Kaolin (90 gr.)	6.0	Gm.
Pectin (2 gr.)	130.0	mg.
Dihydroxy aluminum aminoacetate (7½ gr.)	0.5	Gm.

Robins

A. H. ROBINS CO., INC., RICHMOND 20, VA.
Ethical Pharmaceuticals of Merit since 1878

When you prescribe HISTIONEX for patients who suffer from hay fever or other allergic manifestations, you can be certain of:

PREDICTABLE ALL-DAY, ALL-NIGHT RELIEF with a dependable new anti-histaminic that is lower in side effects.

PRE-DETERMINED 10-14 HOUR ANTI-ALLERGENIC ACTION due to 'Strasionic'— sustained ionic—release.

PATIENT APPRECIATION of SINGLE CAPSULE q12h dosage.

Rx Histionex '50' mg. (or Histionex '25' mg. for children age 6-12).

HISTIONEX*

*Pat. Pend.

Phenyltoloxamine Resin

PRE-DETERMINED ACTION
PREDICTABLE RELIEF

Strasenburgh

FOUNDED 1886

For Literature and Samples, write R. J. Strasenburgh Co., Rochester, N.Y., U.S.A.

effectiveness of solutions intended for use in the nose and eye. It may also determine how much irritation a preparation will create.

Melting point: Take, for instance, suppositories. Two brands with the same appearance, size, and content can vary to such an extent that one may be worthless because it doesn't liquefy when inserted. Or it may liquefy too fast, so that on a warm day it melts in its container.

Flavor: The importance of palatability can't be overstressed. A poor tasting medication may cause the patient to skimp on dosage—or even to skip doses entirely. Or a patient may be allergic to a certain type of flavoring and suffer a bad physical reaction from a substitute brand using that flavoring. [MORE▶

"Mrs. Kinsolving wants to know if blue blood is inherited."

Manufacturing control: A reputable drug company controls its production all the way from the raw material stage to the package ready for shipment. As a result, each drug remains constant in its strength, quality, and efficiency.

In the case of uncontrolled substitutes, however, it's a different story: Contamination is then an ever-present danger.

Can't Skimp Research

Packaging: Many manufacturers maintain departments devoted solely to the study of reactions between their products and the many packaging materials available. They won't adopt a bottle or a closure that may have an adverse effect on the drug inside.

Such thoroughness costs money; manufacturers of substandard products prefer to look the other way.

Storage: A dependable manufacturer doesn't market a product until he's determined its shelf life. He makes certain it will "keep."

Deteriorated drugs are dangerous, for obvious reasons; and often the degree of deterioration isn't apparent. So how can the druggist who substitutes a cheaper "identical" drug for the one you've prescribed be sure he isn't selling your patient a dud?

* * *

We've by no means covered all the ground we could have covered here. We might also have discussed such important factors as purity of ingredients; caloric values; ease of application; surface tension and viscosity in liquid preparations; how some fringe manufacturers fail to give good measure in filling their packages; and so on.

But we're satisfied to emphasize one last reason why drug substitution is a potential menace to your patients:

Your Patient Safe?

Suppose you believe that a patient is getting one drug; and suppose, instead, that the corner druggist is giving him another—an "identical" substitute that's not doing the job you expected. Isn't it possible that you may be grossly misled—that you may, in fact, reach a wrong diagnosis or abandon what actually was the proper treatment?

It's your job to prescribe the best possible medication for your patient. It's the pharmacist's job to give the patient *exactly* what the doctor orders. END

FROM ONE OF THE THOUSANDS
OF ANSOLYSEN CASE RECORDS

In Complicated Essential Hypertension

CASE SUMMARY

PATIENT: W. T., a 55-year-old male.

DIAGNOSIS: Essential hypertension of more than 2 years' duration with chronic congestive heart failure. Grade II fundi.

TREATMENT: ANSOLYSEN (q.i.d.) plus reserpine (0.25 mg. q.i.d.).

RESPONSE: Blood pressure dropped to normal or near normal levels when the effective dose of ANSOLYSEN was reached (March, 1955). Diuresis occurred promptly, and the patient lost 15 pounds within one week. "This was associated with marked clinical improvement, and obviated the need for mercurial diuretics which, prior to the control of blood pressure, were required once or twice weekly."[1]

REPORTED BY: 1. Sheldon, M. B.: Am. Pract. & Dig. Treat. 7:33 (Jan.) 1956.

Supplied: ANSOLYSEN Tablets, 20 mg., 40 mg., and 100 mg., scored, bottles of 100; ANSOLYSEN Injection, 10 mg. per cc., vials of 10 cc.

ANSOLYSEN®

TARTRATE

Pentolinium Tartrate

Wyeth

Philadelphia 1, Pa.

LOWERS BLOOD PRESSURE

Prenatal
Primoplex®
Pronemia®
Revicaps®
Stresscaps®
Vi-Ferrin®
Vi-Magna®
Yuvral®

ELI LILLY & COMPANY
Compren
Mi-Cebrin® Tablets
Multicebrin® Gelseals
Multicebrin®, Jr. Gelseals
Prenalac® Pulvules
Reticulex
Theracebrin® Gelseals
Trinsicon
Tycopan® Pulvules

S. E. MASSENGILL COMPANY
Livitamin Capsules® with Intrinsic Factor
Homagenets

McNEIL
Pronatin®

MEAD JOHNSON & COMPANY
Natalins®
Natalins-PF
Natalins-T®

THE WM. S. MERRELL COMPANY
Genatrex®
Liver-Folic Acid B_{12}

NICN CORPORATION
B-Nutron® Syrup and Tablets

PARKE, DAVIS & COMPANY
Abdol® with Minerals
Folic Acid and Iron Capsules
Folic Acid Tablets
Intribex Kapseals
Natabec® Kapseals®
Thera-Combex® Kapseals
Ventrex Kapseals
Ventrilex Kapseals

J. B. ROERIG & COMPANY
A.S.F. (anti-stress formula)
Heptuna® Plus
Heptuna® w/Folic Acid
Neobon®
Obron® Hematinic
Roetinic®

SHERMAN LABORATORIES
Palivite 5X
Twelvco

C. D. SMITH
Hemo-Vitol Tablet
Litwelfo
Multivitamins Tablet
Vicalmin Tablet

SMITH, KLINE & FRENCH
Feosol® Plus

E. R. SQUIBB & SONS
B Complex-12
Engran®
Liafon®

Novogran® Capsules and Solution
Pargran®
Pargran®-M
Rubraferate®
Rubrafolin®
Rubragran®
Theragran-M

STUART
Neotinic
Stuart Hematinic w/folic acid & B_{12}
Stuart Hematinic Fortified
Stuart Prenatal
Stuart V-C-M

WALKER LABORATORIES, INC.
Feoplex B_{12} Drops
Folic Acid Tablets—5 & 10 mg.
Neodrops
Precalcin®
Precalcin® Lactate
Surgimin
Surgimin-T

WARNER-CHILCOTT
Calcisalin

WHITE LABORATORIES, INC.
Cerofort® Tablets
Gestatabs®
Lactofort®
Mol-Iron® Panhemic

WINTHROP LABORATORIES
Pluraxin® Stress Formula

WYETH
S-M-A®

New Office Saves Owner Two Hours a Day

By Lois Hoffman

Pediatrician Leo Batell of Tampa, Fla., had a rather common problem: While working longer and longer hours, he seemed to be getting less and less done.

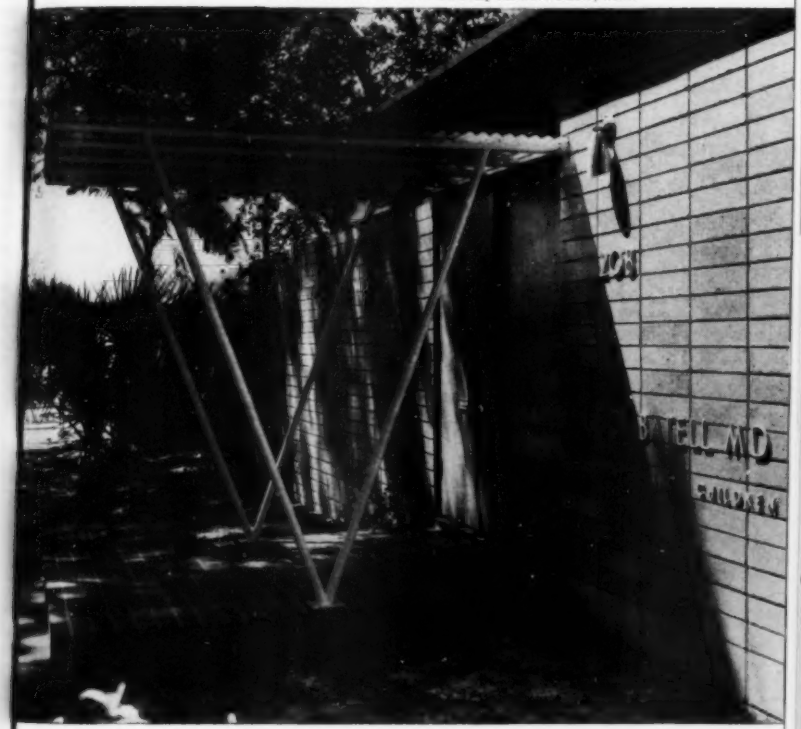
The main difficulty, he discovered, was that parents too often resisted bringing their youngsters to his downtown office. So he frequently had to visit them in their homes.

"I used to try to persuade mothers to bring their children to the office when they weren't really very sick," he says. "But I couldn't seem to get my point across."

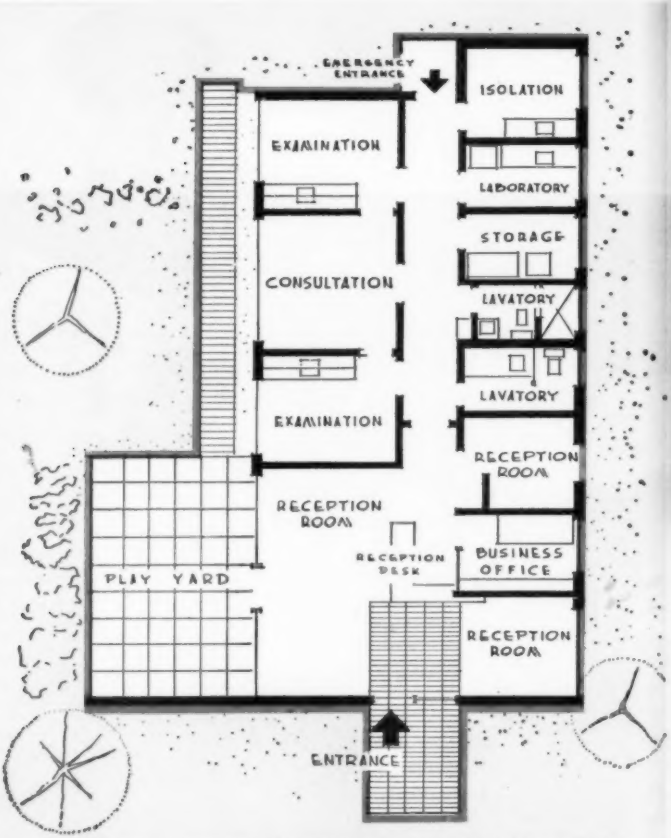
Why was this so? What were the *reasons* for this disinclination to bring children to the office? He decided he'd better find out.

A little discreet questioning told him what he needed to know. He learned, for example, that some mothers did not want to subject their ailing youngsters to a ride downtown. Some didn't relish the drive themselves, especially with its attendant problem of finding a parking space in a crowded business district. And some mothers feared their children might pick up infections while waiting in a crowded reception room. All in all, Dr. Batell recalls,

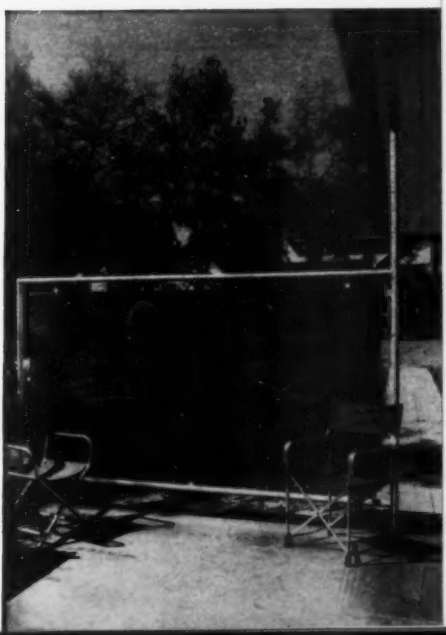
ARCHITECT: EUGENE H. BEACH, CLEARWATER, FLA.



INVITING ENTRANCE has no steep steps or other pitfalls for toddlers. Ingenious but inexpensive construction puts an office of this sort within reach of many doctors (the marquee, for instance, is a sheet of corrugated plastic laid over a simple, iron-pipe frame).



LARGEST RECEPTION ROOM is used by well children and by those with obviously noncontagious ailments. The youngster who's coughing, sneezing, or otherwise affected waits in one of the smaller, more secluded front rooms. When his turn comes, he's treated in the isolation room, as are back-door emergency cases.



MOTHERS CAN RELAX, knowing that this reception room is almost child-proof. The plastic seat cushions, plastic-topped reception desk, and hard-surfaced floor all resist stains and scars. Durable furnishings are also used in the play yard, where the blackboard is a feature attraction for older children. Even in a Northern office, a patio like this could be used during several months of the year.

[MORE ►

"They thought it was easier to have *me* come to *them*. And I could hardly blame them."

What to Do?

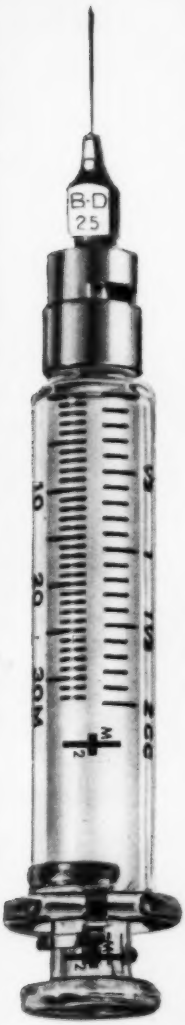
The solution to the problem was, obviously, to eliminate parents' objections to coming to the office.

This the doctor felt he could do if he had a properly designed and properly located medical building of his own. He was sure that mothers would not insist on unnecessary—and relatively expensive—house calls when they knew they could bring their children safely and conveniently to the office.

The transportation difficulty would be resolved by getting out of the downtown district and by providing an ample parking lot. The mothers' fear of possible contagion would be allayed by not requiring sick and well children to use the same waiting and treatment rooms.

Dr. Batell's new building, completed last summer, has all these desirable features plus quite a few "extras" (e.g., a diapering counter in the lavatory). As a result, mothers seldom refuse nowadays when the doctor asks them to come to his office. So he often saves a couple of hours a day on house calls. END

for
maximum
ypodermic
service



B-D MULTIFIT® SYRINGE

Increased assembly speed
Every plunger fits every barrel.

Less breakage
Ground barrels are tougher, stronger, more resistant.

Fewer replacements
In case of breakage, unbroken part remains serviceable.

B-D YALE® NEEDLES

Sharp points
For easier penetration of tissue.

Side beveling
Inhibits seepage and afterpain.

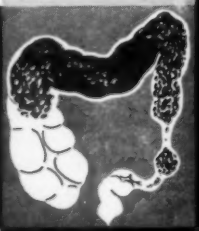
Rustless throughout
Made of Hyperchrome® stainless steel.

BECTON, DICKINSON AND COMPANY
RUTHERFORD, N. J.

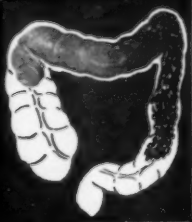
B-D

the fecal softener

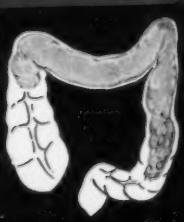
DOXINATE



Constipation – dry feces



Penetration by Doxinate



Resultant soft, formed feces

Permits normal bowel habits

Effective

Gradual action

Nontoxic

OXINATE

The original dioctyl dium sulfosuccinate for constipation

LOYD

Brothers, Inc.

cinnati 3, Ohio

DOXINATE®

A Better Answer to the Problem of Constipation

Permits normal bowel habits—". . . [Doxinate] certainly seems to be a better answer to this problem [constipation] than do any of the therapeutic agents previously available."[1]

Effective—"In all patients, the administration of dioctyl sodium sulfosuccinate proved to be an effective fecal softener."[2]

Gradual action—"The softening effect of . . . [Doxinate] on the stool was apparent on the average in 48 hours."[1]

Nontoxic—"dioctyl sodium sulfosuccinate has wide usefulness in . . . constipation . . . without the danger of toxicity or decreasing effectiveness . . ."[3]

Doxinate acts only on the bowel content.

Doxinate increases the wetting ability of intestinal fluids as much as 25 times. The resulting homogenization of fecal material makes the stool soft and yet well-formed for easy evacuation.

Doxinate is completely free of irritant laxative or "bulk" effect—nor is flatulence or oily leakage ever a problem.

Doxinate does not cause bowel movement. Instead, it permits normal bowel habits.

dosage:
Adults: one green 60 mg. capsule daily or one to three orange 20 mg. capsules daily.
Infants and children: 1 cc. or 2 cc. once daily in formula, milk or orange juice.

1. Spiesman, M. C., and Malow, L.: Journal-Lancet (June) 1956.
2. Antos, R. J.: Southwestern Med. *37*:236 (April) 1956.
3. Wilson, J. L., and Dickinson, D. C.: J.A.M.A. *158*:261 (May 28) 1955.

What I Learned From Susan Pierce

By John E. Eichenlaub, M.D.

"She was out like a light," Harvey Pierce said, carrying his 6-year-old into the office. "Still seems a little dopey."

"What happened?" I asked.

"Fell against the pump."

I had practiced for three years in Iowa and just moved to Texas. To me, a pump was still a metal pipe with a handle and a spout.

"Where did she hit?" I asked.

"Her head must have banged on the motor or the belt. Least outside the guard plate. It's a four-inch irrigation well."

The little girl lay quietly on the table. I felt her head. The sore spot behind her ear was small. The skin wasn't even scraped. But there was a feeling—just a suggestion, really—of a tiny, punched-out dent.

"She was sick once," Harvey said. "When she was waking up. She must have choked or something."

Her pupils were different. The left was wider, but very slightly so. And in the tests there were just a few, small things: her knee kicks were not quite alike; there was a

bit of waver on the right when she tried to run her heel down her other shin.

"There's some concussion," I said. "Let's get X-rays. There might be something more."

Skull films are hard to take, and harder yet to read. But the fracture was there. It was quite small, a button punched into the skull, perhaps an eighth of an inch. A case for experts.

"There *is* a break," I said. "It's pushed in just a bit. We'll put her in the hospital for tonight. I want to get some better films, and I think we'd better get hold of a specialist."

"I see." Harvey looked dazed.

"It isn't bad," I said. "It isn't bad enough to even be certain. That's why we'll need the experts: to be sure what's there. I'm not certain we'll have to do anything. But that's what specialists are for. They'll tell you in a minute if she needs anything or not."

And so we left it for the night: young Susan in the hospital, still with some headache. Harvey back on the farm twelve dusty miles out. And I checking through the books because I didn't know. (The experts might have something new, but at least I ought to know what the books had to say.)

I called at the hospital late, after the books ran dry. Susan was sleeping well. Her pulse and pressure were all right. [MORE ▶

At least there was no great hurry. I had time enough to get help from the best medical brains in town.

* * *

"No fracture," said Jones, the radiologist.

The room began to swim.

"Those aren't *my* films," I said.

"Oh, were the others yours? We wanted more detail. I ordered a new set."

Smith, the surgeon, nodded his distinguished head.

"Thanks, Jones. The young doctor here thought he saw a break. But it isn't one?"

Jones shook his head. "Must have been a blood vessel or something."

"Maybe I can find it again," I said, leaning close. But I couldn't. So I took my own films out of the envelope. "This was the place."

Jones took the film and glanced

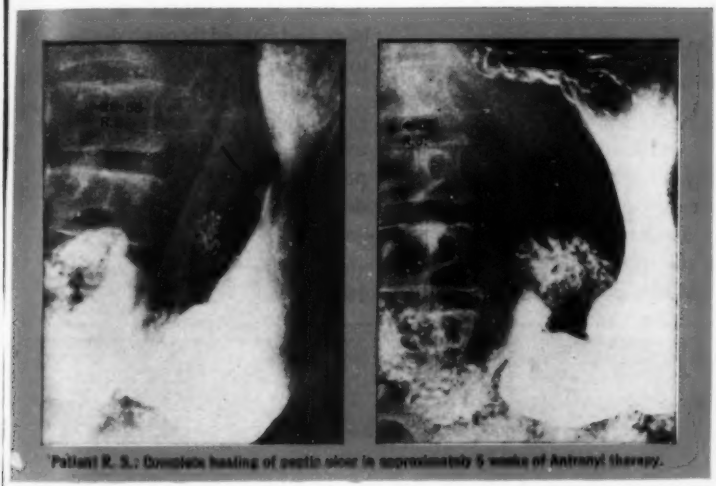
"If you want to get technical, I should be ahead of everybody! My appointment was for yesterday!"

in addition to relieving the symptoms of peptic ulcer...

Antrenyl®

bromide
(oxyphenonium bromide CIBA)

hastens healing



Patient R. S.: Complete healing of peptic ulcer in approximately 5 weeks of Antrenyl therapy.

Antrenyl is a potent, dependable anticholinergic agent which not only relieves ulcer symptoms, but has been shown to exhibit a definite deterrent action upon the development of ulcers in the Shay rat.[1]

Antrenyl acts fast to bring pain relief. "Acute symptoms were relieved in every case [24] within 24 to 36 hours after beginning therapy . . ."[2] In addition, within a few weeks it often permits healing through "significant reduction in total and free acid levels . . ."[2] In one study, "Radiologic evidence of ulcer healing after three weeks' therapy was obtained in nineteen of the twenty-four cases. . . . there have been no ulcer recurrences and most of the patients are symptomatically well."[2]

Supplied:
TABLETS, 5 mg. (white, scored); bottles of 100, 500 and 1000.
SYRUP, 5 mg. per 4-ml. teaspoon; bottles of 1 pint.

1. Barrett, W. E., Rutledge, R., Plummer, A. J., and Yonkman, F. F.: J. Pharmacol. & Exper. Therap. *108*:305 (July) 1953.
2. Rogers, M. P., and Gray, C. L.: Am. J. Digest. Dis. *19*:180 (June) 1952.

CIBA
SUMMIT, N.J.

2/22948

at it. "Nothing there that I can see."

"Let's see the patient," the surgeon said. He started down the hall.

I peered at the film again. It still seemed to me—

Soothing Words

"Don't take it too hard," Dr. Jones said. "You often see things in wet films, and sometimes in dry ones, too, if they aren't real clear."

I gave him a grateful glance, stuck my films in the envelope, and hurried after Dr. Smith.

"Now let's see, girl," I heard the surgeon say as I got to the door. The bruised place had swelled. There was a little knob. A very little knob. Dr. Smith's features twisted in momentary irritation as he tipped his head back and peered through the bottom of his glasses.

"Doesn't seem like much," he said, running his fingers gently over the knob. I knew he was not pressing hard enough to feel the dent, if it was there.

"I felt a dent," I said.

"A ring of swelling can fool you sometimes." He tipped her

How tired tonight?

A little weary when the last patient's gone? That's natural. But it's not natural or necessary to be worn out, irritated or "all-in." If you are, why not take a hard look at the equipment you work with and the place where you work.

Are your examining rooms as pleasant, contemporary and productive as they should be? Is your major equipment modern and efficient? If not — why not? This isn't self-indulgence, it's common sense — important to you *and to your* patients.

If you're interested in giving your practice the full benefit of pleasant, productive offices, discuss the matter with your Hamilton equipment salesman on his next regular call. To find out what's involved costs you nothing.

Hamilton

outstanding professional furniture for the doctor's office

HAMILTON MANUFACTURING COMPANY • TWO RIVERS, WISCONSIN

head back, glanced at her eyes, then tapped on her knees and elbows. "She's doing fine." His voice was hearty. "Why don't you follow her along at home?"

"But—"

"She's doing just fine," he said, and patted Susan's shoulder.

Fatherly Advice

He went out into the hall. I followed him. "No use making too much of a thing like this," he said quietly. "Maybe she *did* have a little concussion, but I don't see there's anything to do but keep her down a day or two. You're right to be overcautious until you're sure on these things. But we don't want to make neurotics out of them, either, do we?"

"Don't you think a few more films? . . ."

"No. There's nothing to amount to anything. If there were a hairline crack, you'd treat it just the same."

All Clear?

He bustled off toward the operating room with a cheery wave that was obvious dismissal.

I went back to Susan's room. A careful check showed the same

from whining to dining

NEW

BONADOXIN® DROPS

stop infantile colic.... *in hours*
.... *without barbiturates*
.... *without belladonna*

Each cc. BONADOXIN DROPS *contains:*

Meclizine Dihydrochloride 8.33 mg.
Pyridoxine Hydrochloride 16.67 mg.

1. Dougan, H. T.: An oral Therapy (Bonadoxin Drops) for infant colic and pylorospasm. Journal-Lancet *67*:135 (May) 1956.
2. Litchfield, H. R.: The use of meclizine dihydrochloride with pyridoxine in vomiting and pylorospasm in infants and children. In press.

BONADOXIN DROPS attack the known mechanisms of infantile colic with anticholinergic activity, tranquilizing effect, antihistamine action and prophylaxis against B_6 deficiency.

Dougan[1] reports the formula 88% effective in colic and pylorospasm. Litchfield[2] controlled most cases within 48 hours; *all* were controlled within 72 hours. No side effects were observed.[1,2]

Dosage:

Age	cc.	Drops
Birth-3 mos.	0.5 to 1.5 cc.	15-45 daily
6 mos. to 2 yrs.	1.5 to 3.00 cc.	daily
2-6 yrs.	2.00-4.00 cc.	daily
older children	3.00-6.00 cc.	daily

Supplied in 30 cc. dropper bottles.

Rx POERIC

Chicago 11, Illinois

PEACE of mind ATARAX®

signs: slightly different pupils, slight reflex change, slightly poor coordination on some tests. Slight this and slight that, and the dent covered up with swelling. Two sets of films—one maybe yes; and one, far better and read by an expert, positively no. A highly-rated surgeon's view, 100 per cent no (he was obviously a bit peeved at having been called in at all, the case seemed so trivial). I'd made a mistake. There was nothing to do but admit it.

But I couldn't bring myself to that point. The experts hadn't just taken my facts and made something innocent of them. The experts were saying I hadn't *felt* a dent and I hadn't *seen* a fracture. [MORE▶

"You say I charged you for a visit on the 24th, yet I didn't see you that day . . . You're quite right. That was the day I *worried* about you."

Physicians have prescribed THORAZINE*

for over 7 million patients in the United States

*T.M. Reg. U.S. Pat. Off. for chlorpromazine, S.K.F.

But I had. I thought I had. I was pretty sure.

Time wouldn't change things; but I still didn't want to see the Pierces until I went over the case again.

Stalling for Time

I didn't call and tell them Susan was all right. They would be in later. Until then, I'd leave Susan in her hospital room.

Back in my office, I put my films back on the viewer. Skull films weren't entirely Greek to me because I'd done neuropsychiatry for nearly two years in the Army. But with structures from each side always superimposed on one another, skull films are hard to interpret.

Experts Not Infallible

The books I'd read the night before said that only 40 per cent of fractures detected at autopsy were found in the films; so even radiologists made plenty of mistakes. The books also told what happened when depressed fractures were left alone.

If what I thought I saw was a fracture, it was depressed, all right. Headaches, convulsions, personality change—these were not nice things for a 6-year-old to face.

Maybe she'd be lucky and get

"Neither rain, nor snow, nor advancing years shall stay this courier!"

For persons past forty, good health is usually a source of great pride and satisfaction. Each succeeding year seems to heighten their delight and appreciation. To help these "senior citizens" maintain their vigor, prescribe GEVRAL, a comprehensive geriatric diet supplement that provides 14 vitamins, 11 minerals, and Purified Intrinsic Factor Concentrate—all in one convenient, *dry-filled* capsule.

Gevral*

GERIATRIC VITAMIN-MINERAL SUPPLEMENT LEDERLE

Dry filled sealed capsules for more rapid and complete absorption, freedom from after-taste. A Lederle exclusive!

Lederle LEDERLE LABORATORIES DIVISION *AMERICAN CYANAMID COMPANY* PEARL RIVER, NEW YORK

*REG. U.S. PAT. OFF.

Each GEVRAL Capsule contains:

Vitamin A	5000 U.S.P. Units	Rutin	25 mg.
Vitamin D	500 U.S.P. Units	Purified Intrinsic Factor Concentrate	0.5 mg.
Vitamin B_{12}	1 mcgm.	Iron (as $FeSO_4$)	10 mg.
Thiamine Mononitrate (B_1)	5 mg.	Iodine (as KI)	0.5 mg.
Riboflavin (B_2)	5 mg.	Calcium (as $CaHPO_4$)	145 mg.
Niacinamide	15 mg.	Phosphorus (as $CaHPO_4$)	110 mg.
Folic Acid	1 mg.	Boron (as $Na_2B_4O_7.10H_2O$)	0.1 mg.
Pyridoxine HCl (B_6)	0.5 mg.	Copper (as CuO)	1 mg.
Ca Pantothenate	5 mg.	Fluorine (as CaF_2)	0.1 mg.
Choline Dihydrogen Citrate	100 mg.	Manganese (as MnO_2)	1 mg.
Inositol	50 mg.	Magnesium (as MgO)	1 mg.
Ascorbic Acid (C)	50 mg.	Potassium (as K_2SO_4)	5 mg.
Vitamin E (as tocopheryl acetates)	10 I.U.	Zinc (as ZnO)	0.5 mg.

Other Lederle geriatric products include: *GEVRABON** Vitamin-Mineral Supplement Liquid with a wine flavor; *GEVRAL** Protein Vitamin-Mineral-Protein Supplement Powder; and *GEVRINE** Vitamin-Mineral-Hormone Capsules.

magnified potency

with Meti-steroid

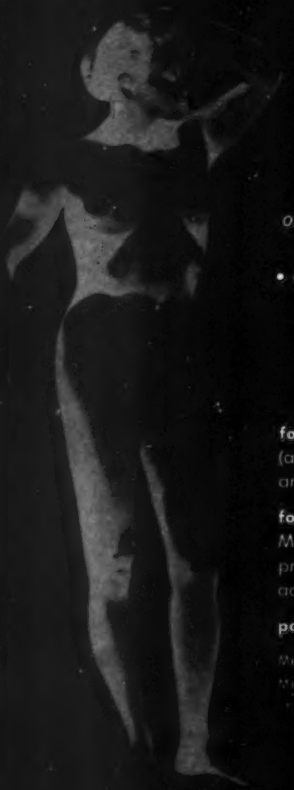
effectiveness in allergic

and inflammatory dermatoses

new

Meti-Derm cream 0.5%

with METICORTELONE, original brand of prednisolone



• *approximately*

twice the per milligram

anti-inflammatory activity

of topical hydrocortisone

• *cosmetically acceptable*

• *water-washable*

for effective local relief of allergic (atopic and contact) dermatoses, nonspecific anogenital pruritus.

formula: Each gram of water-washable METI-DERM Cream contains 5 mg. (0.5%) of prednisolone, free alcohol, in a cosmetically acceptable base.

packaging: METI-DERM Cream, 0.5%, 10 Gm. tube.

"METI-DERM," brand of prednisolone topical.
"METICORTELONE," brand of prednisolone.

...and adding dual control

to Meti-steroid skin therapy—

protection

against infection

new

Meti-Derm ointment

with Neomycin

enhanced effectiveness

in allergic, inflammatory

dermatoses when

minor infection

is present

or anticipated

neomycin in addition to prednisolone, free alcohol—for protective coverage against virtually all pathogenic skin bacteria with a well-tolerated, *topical* antibiotic.

formula: Each gram of water-washable METI-DERM Ointment with Neomycin contains 5 mg. (0.5%) prednisolone, and 5 mg. (0.5%) neomycin sulfate equivalent to 3.5 mg. neomycin base.

packaging: METI-DERM Ointment with Neomycin, 10 Gm. tube.

Schering

MD-J-656

along all right no matter what was done. But maybe she wouldn't.

Or was I being stubborn? The radiologist and the surgeon were both experts. They had the facts, just as I did. They'd both said "No." The hardest job in medicine is admitting that you've been wrong.

Perhaps I was shielding my ego, and wrecking my reputation in the process. Because if I *was* wrong, I would come out of this looking like an awful fool.

I had to send Susan and her father (who was far from rich) to Dallas, if I chose to go ahead. Four hundred miles plus a top neurosurgeon's fee was a spectacular thing in a young farmer's life. It shouldn't stem from the misguided whim of a youthful G.P. who was bucking his own experts right down the line.

The other way, I couldn't lose a thing. It was all in the record: the negative X-ray report, the surgeon's do-nothing advice. I was covered. Nobody could blame me if the girl had trouble later.

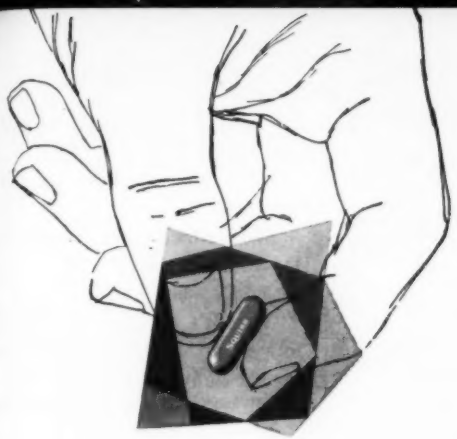
Nobody but myself.

* * *

Harvey Pierce got his wife settled in the big chair, then pulled the small one up beside her. She had taken it hard. [MORE ▶

Red Badge of Courage

Book clubs, record clubs, fan clubs . . . And now there's a "Tonsils Out" Club. Its sponsor: Dr. R. Wallace Teed of Ann Arbor, Mich. He promises red membership buttons to young patients about to undergo tonsillectomies. Reports Dr. Teed: "It works fine. The kids become mighty cooperative."



just 1 tablet daily

helps meet the

increased nutritional

requirements of pregnancy

ENGRAN

SQUIBB VITAMIN-MINERAL SUPPLEMENT

new formula

new small size capsule-shaped tablet

Each Engran Tablet supplies:

Vitamin A (synthetic)	5,000 U.S.P. Units	Calcium, elemental (as calcium carbonate)	150 mg.
Vitamin D	500 U.S.P. Units	Iron, elemental (as ferrous sulfate exsiccated)	10 mg.
Thiamine mononitrate	3 mg.	Iodine (as potassium iodide)	0.15 mg.
Riboflavin	3 mg.	Potassium (as the sulfate)	5 mg.
Pyridoxine HCl	2 mg.	Cobalt (as the sulfate)	0.1 mg.
Vitamin B_{12} activity concentrate	2 mcgm.	Copper (as the sulfate)	1 mg.
Folic acid	0.25 mg.	Magnesium (as the oxide)	6 mg.
Niacinamide	20 mg.	Manganese (as the sulfate)	1 mg.
Calcium pantothenate	5 mg.	Zinc (as the sulfate)	1.5 mg.
Ascorbic acid	75 mg.		

Supplied in bottles of 100 and 1000 capsule-shaped tablets

SQUIBB

"ENGRAN"® IS A SQUIBB TRADEMARK

SUSAN PIERCE

I picked up Susan's record from my desk.

"Your girl is doing fine," I said.

"She seemed some brighter," Harvey answered.

"You've seen her?"

"Yes. It's on our way, so we stopped in. The nurse was getting her things together."

"Oh? Did Dr. Smith talk to you?"

"He said it was nothing serious, that's all."

I looked back down at the record. I could still duck out. If I let things drift, I'd be safe. I'd have done all that anyone could expect. Wet film—better safe—out of the woods now—the phrases that would close the case were all there in my mind. But somehow I couldn't use them. I sighed deeply.

"There's more to it than that, I'm afraid."

Harvey looked at me steadily. His wife's eyes fixed on my face. His hand moved slightly, so that it touched her arm.

"What do you mean?" he asked.

"I'm not satisfied. The doctors at the hospital don't think Susan has a fracture. I think she has."

"So?"

"I want another opinion. From someone we'll all admit is

some appetites need a nudge

In young patients or old, let STIMAVITE'S five nutritional essentials help perk up lagging appetites:

Appetite-stimulating vitamin B_1; B_{12} (20 mcgs.), for appetite and growth stimulation; B_6 for improved protein metabolism; ascorbic acid, important in hemoglobin formation and nucleic acid synthesis; and L-lysine, critically essential amino acid that improves protein quality.

Especially designed for really "picky" patients, fruit-flavored Tastitabs can be chewed like candy, swallowed whole or dissolved in liquids.

Bottles of 30 and 100. One tablet daily—at mealtime.

ROERIG Rx

Chicago 11, Illinois

Trademark

stimulate appetite and growth with good-tasting

Stimavite Tastitabs*

tops. Just so there won't be any doubt. I want you to take Susan to Dr. Brown, a brain surgeon in Dallas."

They looked at each other. Mrs. Pierce's eyes were drawn with anguish.

"It's something serious," she said.

"If I'm right, yes," I answered. "But I could be wrong, too. Anyway, we can't be sure until we've gone ahead."

An almost imperceptible nod passed between them.

"Phone him," Harvey said. "We'll drive her down."

I picked up the telephone and dialed long distance.

* * *

Dr. Brown's letter reached me before the Pierces got back. There *had* been a fracture. A neat, round fragment had been punched out of the skull and pressed against the brain. During the operation, they found a pool of blood beneath the heaviest envelope of the brain. Removing it was vital to the girl's future, the surgeon said.

Harvey had gone over the scene of the accident and found the end of a bolt sticking half an

You needn't think twice about using this antibiotic-hydrocortisone decongestant—even in children

'*Trisocort*' *Spraypak** is the new and strikingly effective intranasal preparation—3 antibiotics, hydrocortisone and 2 decongestants—which can be used with the greatest confidence, even in your youngest patients.

1 Trisocort's 3 antibiotics—highly active against both gram-positive and gram-negative bacteria—are seldom if ever used systemically. Thus there is no danger of sensitization to penicillin or to other antibiotics which are so frequently used in serious infections.

2 The hydrocortisone is present in such low concentration that 'Trisocort' produces no "steroid-like" side effects. Yet it rapidly reduces inflammation and edema.

3 The 2 decongestants, because of their additive action, provide both rapid and prolonged shrinkage. But because they, too, are present in low concentrations, 'Trisocort' almost never produces the side effects so common with old-fashioned nose drops. Burning, stinging and rebound turgescence are virtually never encountered.

TRISOCORT*

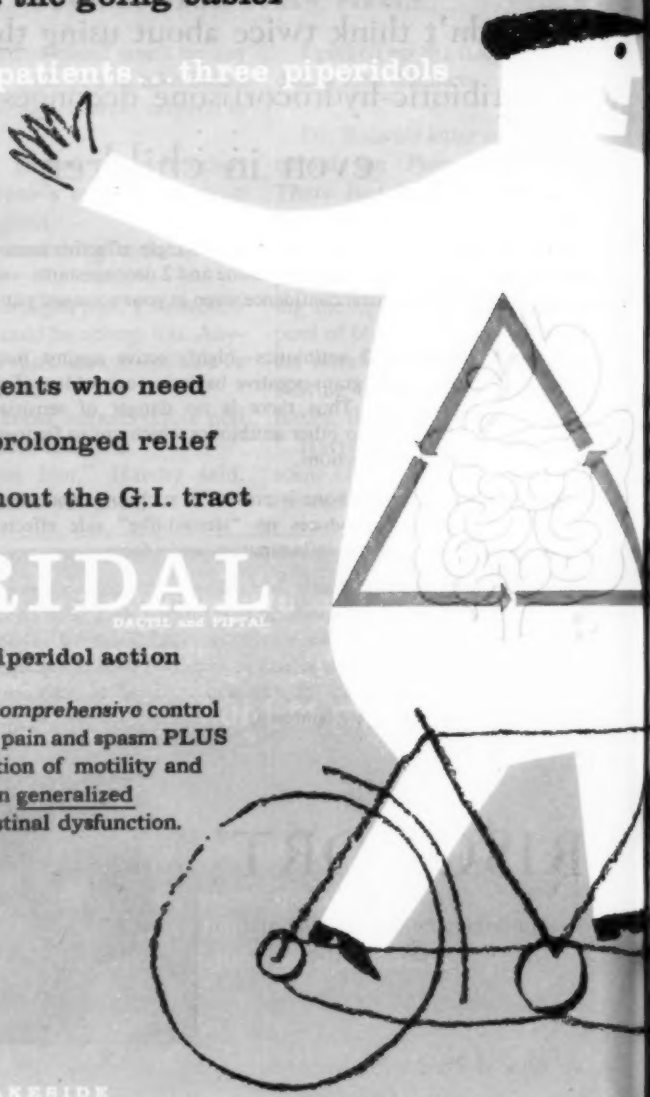
anti-inflammatory, antibacterial, decongestive

Smith, Kline & French Laboratories, Philadelphia 1

*Trademark

makes the going easier

three patients...three piperidols



for patients who need

rapid, prolonged relief

throughout the G.I. tract

TRIDAL

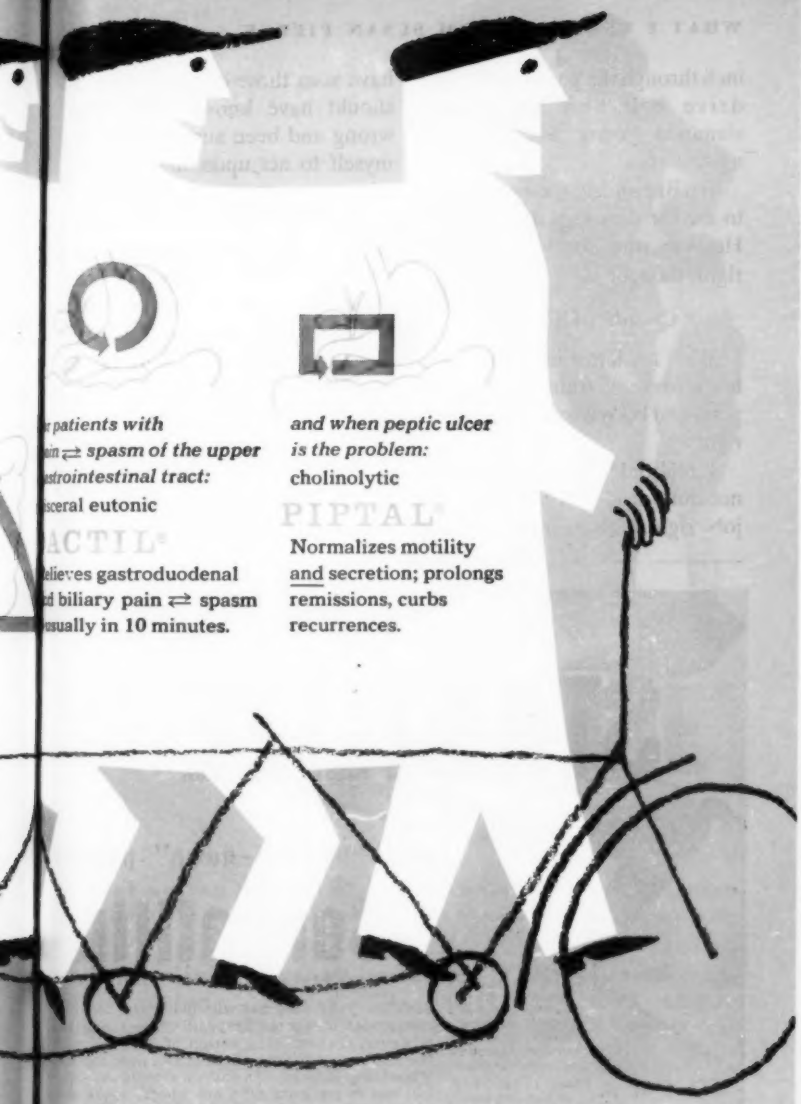
DACTIL and PIPTAL

paired piperidol action

Provides *comprehensive* control —relief of pain and spasm PLUS normalization of motility and secretion in generalized gastrointestinal dysfunction.

LAKESIDE

00888



r patients with
in ⇄ spasm of the upper
strointestinal tract:
sceral eutonic

ACTIL®

lieves gastroduodenal
d biliary pain ⇄ spasm
sually in 10 minutes.

and when peptic ulcer
is the problem:
cholinolytic

PIPTAL®

Normalizes motility
and secretion; prolongs
remissions, curbs
recurrences.

Patients on TRIDAL, DACTIL or PIPTAL remain singularly free of urinary retention, constipation, dry mouth, blurred vision.

inch through the guard plate. The drive belt had apparently slammed young Susan's head against this.

Dr. Brown said she would come to me for dressings if necessary. He was sure she would be all right, though.

Clouds of Glory?

With his letter in my hand, I felt a surge of triumph. The experts had been wrong. I had been right.

I realized later that this was not quite true. If I had done my job right, Susan never would have seen those other doctors. I should have known what was wrong and been sure enough of myself to act upon that knowledge.

I should have known the capacities of the specialists involved and sent Susan straight to the man who could fix her up. Because I didn't manage the case properly, the Pierces had extra hospital and doctor bills, with nothing to show for them but an agonizing moment of indecision.

Yet there *was* a real triumph in Susan's case. It was my triumph over a schoolboy's stand-

BON VOYAGE BEGINS WITH BONAMINE*

BRAND OF MECLIZINE HYDROCHLORIDE

longest-acting motion-sickness remedy[1] effective in low dosage... controls motion sensitivity symptoms in minutes... one dose usually prevents motion sickness for 24 hours.

in recommended dosage Bonamine is notably free from side reactions... supplied as: BONAMINE TABLETS, scored, tasteless, 25 mg.... BONAMINE CHEWING TABLETS, pleasantly mint flavored, 25 mg.

*Trademark

1. Report of Study by Army, Navy, Air Force Motion Sickness Team: J.A.M.A. 160:755 (March 3) 1956.

Pfizer PFIZER LABORATORIES, *Division, Chas. Pfizer & Co., Inc.*, Brooklyn 6, N. Y.

an important first step in the care of the infant's skin

DESITIN® OINTMENT

No other product is more effective in healing the baby's skin and keeping it clear, smooth, supple, and free from

diaper rash • dermatitis • intertrigo
heat rash • chafing • irritation • excoriation

Soothing, protective, healing[1-5] Desitin Ointment — ***rich in cod liver oil*** — is the most widely used ethical specialty for the over-all care of the infant's skin.

May we send ***samples*** and literature?

DESITIN CHEMICAL COMPANY, Providence, R. I.

Tubes of 1 oz., 2 oz., 4 oz., and 1 lb. jars.

1. Grayzel, H. G., Heimer, C. B., and Grayzel, R. W.: New York St. J. Med. 53:2233, 1953. 2. Heimer, C. B., Grayzel, H. G., and Kramer, B.: Archives of Pediatrics 68:382, 1951. 3. Behrman, H. T., Combes, F. C., Bobroff, A., and Leviticus, R.: Ind. Med. & Surgery 18:512, 1949. 4. Sobel, A. E.: Scientific Exhibit, A.M.A. Meet. 1955. 5. Marks, M. M.: Missouri Med. 52:187, 1955.

ards of right and duty. Until that moment, I had measured right by what the experts say. If I said fracture and the radiologist said fracture, I was right. If I said operate and the surgeon took up the knife, I was right, no matter what he found.

New Set of Standards

Susan Pierce's case showed me a truer standard. The blood and bone that pressed against her brain were real. The signs that showed them were real. As long as these were unerased by other proof, the only proper course was that to which they pointed. The

"...THE MOST EFFECTIVE HEMATINIC..."*

The convincing evidence supporting the unique and advanced concept of cobalt-iron therapy in anemia is based on RONCOVITE research.

Roncovite is the only clinically proved preparation supplying cobalt in the therapeutic levels essential for the optimal hematologic response in anemia. The presence of cobalt as a specific bone marrow stimulant improves the utilization of iron and makes Roncovite totally different from any other hematinic preparation.

The safety and potency of Roncovite has been repeatedly confirmed.

Your own results will show why "The bibliography specifies RONCOVITE."

judgment of your peers be hanged. The facts make up a higher court.

In duty, too, this case gave me a new standard. Medical practice is not just a job. The patient buys your best (not just your time)—your best, unyielding to any force whatever, save only self-improvement.

I had yielded my own views too readily once before. The patient was a drunk, the record said. I worked with him for forty hours, and finally knew better. He was depressed and suicidal; but his drinking was not the cause—only a means to relief.

The hospital staff spent perhaps ten minutes on him. They sent him home, a drunk. Only he didn't get home, because he killed himself at the railroad station.

Opinion Not Enough

I had said no. I had set forth my views. But I hadn't really fought for them.

Perhaps that case was in my mind, unwittingly. At any rate, Susan Pierce's case was a real

"He'll probably tell you you've got to give up cigarettes."

THORAZINE*

controls nausea and vomiting in obstetrics

Reduces vomiting during all 3 stages of labor

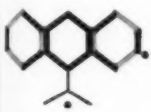
'Thorazine' reduces both the incidence and severity of nausea and vomiting, lessening a potential anesthetic hazard without harmful effect on mother or child.[1]

Speeds recovery after delivery

By controlling post-partum nausea and vomiting, 'Thorazine' speeds the patient's return to normal eating habits, resulting in a brighter outlook and often a shorter hospital stay.

'Thorazine' is available in ampuls, tablets and syrup, as the hydrochloride; and in suppositories, as the base.

1. Karp, M., et al.: Am. J. Obst. & Gynec. 69:780 (April) 1955.



Smith, Kline & French Laboratories, Philadelphia

*T.M. Reg. U.S. Pat. Off. for chlorpromazine, S.K.F.

IN WOMEN,

the preferred broad spectrum antibiotic preparation is

MYSTECLIN

STECLIN-MYCOSTATIN (SQUIBB TETRACYCLINE-NYSTATIN)

Usual broad spectrum antibiotic therapy may be followed by vaginal moniliasis. Mysteclin supplies well tolerated broad spectrum therapy without subsequent vaginal moniliasis.*

*Stone, M. L., and Mersheimer, W. L.: "Comparison of side effects of tetracycline and tetracycline combined with nystatin." Antibiotics Annual 1955-56, New York, Medical Encyclopedia Inc., 1956, p. 862.

Vaginal moniliasis following antibiotic therapy

Oral antibiotic therapy may cause an overgrowth of monilia in the vagina, producing vaginal moniliasis with vulvar pruritus and vaginal discharge. All women are susceptible, but this complication is especially frequent in women who are pregnant or diabetic. In many cases, the woman fails to inform the physician through embarrassment or failure to relate the condition to preceding antibiotic therapy.

SQUIBB

vaginal moniliasis: an increasingly common complication of antibiotic therapy

"... wide use of penicillin and broad spectrum antibiotics, with resultant disturbance of vaginal bacteriology has increased markedly the incidence of yeast and fungus infections of the vagina. . . . Before advent of the wonder drugs, relationship of trichomonas to monilia was roughly four to one in the usual office practice. Within the past eight years the ratio has been reversed with three monilia problems to one of trichomonas."

Lee, A. F. and Keifer, W. S.: Northwest Med. 53:1227 (Dec.) 1954.

"Vaginal moniliasis ... is quite common and the incidence may well have been increased following the extensive use of the broad-spectrum drugs or prolonged oral use of penicillin."

Welch, H.: Editorial, Antibiotic Med. 2:79 (Feb.) 1956.

MYSTECLIN

the only broad spectrum antibiotic preparation that:

1: provides the antibacterial activity of tetracycline and

2: protects the patient against monilial superinfection

Mysteclin Capsules contain 250 mg. Steclin (Squibb Tetracycline) Hydrochloride, a well tolerated broad spectrum antibiotic, and 250,000 units Mycostatin (Squibb Nystatin), the first well tolerated antibiotic active against fungi. Minimum adult dosage: 1 capsule q.i.d. Supply: Bottles of 16 and 100.

also available: MYSTECLIN Half Strength Capsules (125 mg. Steclin Hydrochloride and 125,000 units Mycostatin): Bottles of 16 and 100.

A PARTIAL LIST OF INDICATIONS FOR MYSTECLIN

When caused by tetracycline-susceptible organisms, the following conditions are among those which may be expected to respond to Mysteclin:

Abscess	Metritis
Bronchiectasis	Osteomyelitis
Bronchitis	Otitis Media
Bronchopneumonia	Peritonitis
Burns, Infected	Pertussis
Cellulitis	Pharyngitis
Cervicitis	Pneumonia
Chancroid	Psittacosis
Colitis	Pyelonephritis
Cystitis	Q Fever
Diarrheas, Infectious	Rocky Mountain Spotted Fever
Dysentery, Amebic	Salpingitis
Dysentery, Bacillary	Scarlet Fever
Empyema	Scrub Typhus
Endocarditis, Bacterial	Sepsis, Puerperal
Epididymitis	Septic Sore Throat
Furunculosis	Septicemia
Gastroenteritis	Sinusitis
Gonorrhea	Skin Graft Infections
Granuloma Inguinale	Surgical Prophylaxis
Klebsiella Pneumonia	Tonsillitis
Laryngitis	Tracheobronchitis
Lymphadenitis	Tularemia
Lymphangitis	Typhus
Lymphogranuloma Venereum	Urethritis
Mastoiditis	Vesiculitis
Meningitis	Wounds, Infected

It is impossible to predict with certainty in which patients clinical moniliasis may develop as a result of broad spectrum antibiotic therapy.

However, the added protection afforded by Mysteclin against monilial superinfection is *especially* important when antibiotic therapy must be prescribed in high dosage or for prolonged periods.

It is also particularly important in women; in debilitated, elderly, or diabetic patients; in infants (particularly prematures); in patients for whom concomitant cortisone or related steroid therapy is prescribed; and in individuals who have developed a monilial complication on previous broad spectrum therapy.

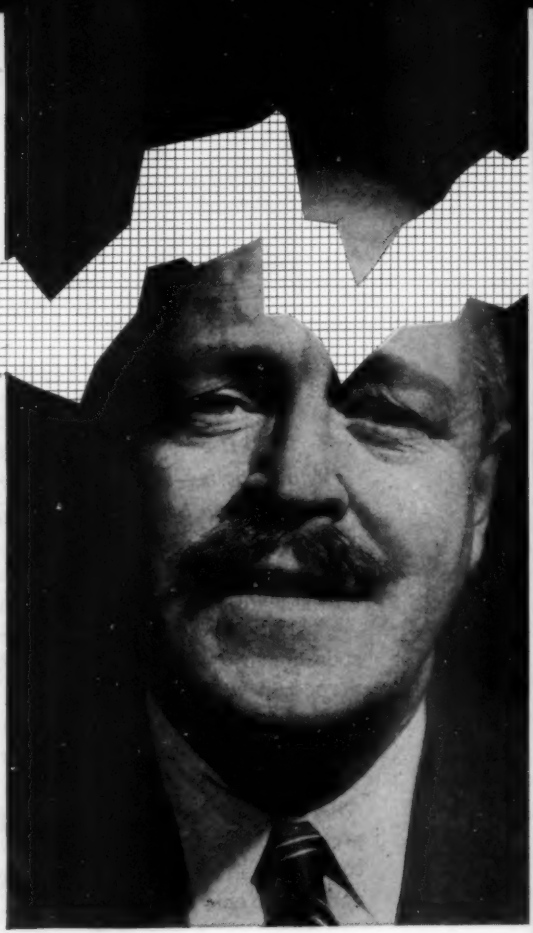
first. I stood on my own feet with her. I wasn't mediator for the books or experts, bringing their knowledge rather than my own to bear. I wasn't the tentative vanguard probing forward with the support of legions to the rear.

One Little Indian

It was *I* the Pierces had hired. It was *I* on trial: my knowledge and my integrity. The agonizing responsibility could not be shifted or be dodged.

Susan Pierce gave me professional maturity: effective conviction in my own considered view. The solemn duty such maturity demands is burdensome: the duty to give yourself absolutely to meeting your responsibilities as you see them. This duty goes beyond being right if possible. It involves being constantly open to new argument and new evidence, while still giving full force and action to any professional opinion that remains unchanged.

Professional maturity dignifies your views. The solidly grounded action it permits makes you more effective in everything you do. That is what I learned from Susan Pierce. END



Takes the "spikes" out of blood pressure...

calms anxiety states...

Butiserpine®

Quiescence is prescribed when you use Butiserpine.

The Butisol component acts at once to produce its well-known quieting "daytime sedation." And the small dosage of reserpine gradually builds up its tension-suppressing effect, without the disturbing side reactions of larger dosage.

Butiserpine... Tablets, 100s
Each tablet contains:
Butisol® Sodium 15 mg. (¼ gr.)
Reserpine 0.1 mg.

McNEIL LABORATORIES, INC.
Philadelphia 32, Pa.

What Patients Think About Cancer

Here's how the disease—and the doctors who treat it—look to the average person. Mass media have made him quite well informed

Your patients today have far more faith than ever before in your ability to detect cancer and to treat it successfully.

That's the major conclusion of a recent national survey sponsored by the American Cancer Society. The survey's purpose: to find out if the average person's knowledge about cancer and his emotional attitude toward it have improved since 1948, when a similar study was made.

Of special interest to medical men are these findings:

¶ Almost two-thirds of the people interviewed expressed faith in their *family doctor's* ability to spot cancer. Less than one in ten felt the typical doctor could "do nothing" to cure it.

¶ About one person in three reported having visited a doctor especially to be examined for cancer. (In 1948 the ratio was one in seven.)

¶ To the question "Should a doctor tell the patient that he has cancer?" only 12 per cent of the people surveyed replied with a flat "No."

Replies to some key questions are shown here.

"Do you know whether there is anything the doctor can do to cure cancer?"

	1948	1955
Yes, something can be done	40%	45%
Yes, can be cured under some conditions	20	21
Doubtful about cure	5	4
No, nothing can be done	14	9
Don't know	20	19

"If a doctor finds that a person has cancer, should the person be told?"

	1948	1955
Yes	63%	64%
It depends on the person	15	15
It depends on whether he can be cured	6	4
No	14	12
Don't know	1	4

"If you think the doctor shouldn't tell the patient, why do you think so?"

	1948	1955
It might be dangerous to the person	53%	34%
He'll be happier not worrying	43	51
There's no way to treat cancer	3	2
Miscellaneous	5	4
Don't know	—	2

MORE ▶

Whenever figures add up to more or less than 100 per cent, it's because some respondents gave more than one answer or failed to answer the question.

Control of epilepsy successful in 85 to 90 per cent of cases

The family physician plays an important role in effective control of seizures

"Few chronic diseases respond as happily to modern treatment as does epilepsy."[1] Judicious use of anticonvulsant drugs can control 85 to 90 per cent of patients.[2] But fear, shame, or ignorance keep many epileptics "under cover" beyond the reach of medicine's helping hand. With over 1½ million epileptics in this country (a higher rate than even diabetes), the problem is a real challenge to the medical profession.

Differential diagnosis is essential for the selection of medication for the control of the specific type of seizure in each case. Detailed analysis of the symptomatic picture is necessary to chart effectiveness of treatment. Some of the causes can be eliminated by surgery.

Particular attention should be paid to the following factors:

(a) *Description of the seizures.* Outward manifestations should be described by a person having witnessed the patient's attacks.

(b) *Description of the aura.* Exact description of what the patient hears, sees, smells, or feels before the onset of a seizure may be a clue to the epileptic focus. Idiopathic epilepsy usually presents no aura.

(c) *Seizure pattern.* First occurrence of seizures of any type, changes in the character of seizures, frequency of seizures over a period of time and in the recent past and changes in the pattern under specific conditions are important diagnostic clues.

Diagnosis on the basis of these findings will enable the family physician to institute effective therapy resulting in the complete or nearly complete control of seizures in most cases. Where a traceable primary cause appears to be present, electroencephalography, pneumoencephalography, angiography and other techniques available to the specialist are important diagnostic procedures.

Successful Treatment Reported in 9 Out of Every 10 Cases

The number of effectively treated patients has steadily increased through the years due to better diagnosis, modern surgical procedures and, to the greatest extent, to the development and judicious use of new and specific anticonvulsant drugs. With proper maintenance therapy,

(continued)

... effective control of grand mal seizures *(continued)*

patients can now be brought under control to a point where they can lead normal, undisturbed lives.

Grand mal and psychomotor seizures are the targets of therapy with "Mysoline" (Primidone). Greenstein and Sapirstein[3] report that "'Mysoline' was most effective in patients with grand mal and focal seizures. . . . In 78 per cent of these patients the condition improved."

In another group of patients "Mysoline" produced excellent results in 71 per cent and it was observed that ". . . when the maintenance dose was reached, the patient could remain under control without having to increase the dose further."[4] The age of the patients ranged from 3 to 58 years.

Forster[2] describes "Mysoline" as a most important new medication. Whitty[5] observes that the drug seems singularly free from serious toxic effects, and such side effects as do occur are usually mild and transient.

Pence[4] states: "It was found that small children were able to tolerate 3 tablets per day as well as an adult." He concludes that ". . . its anticonvulsant action is great enough that relatively nontoxic doses may control seizures."

Repeated urinalyses and blood counts during "Mysoline" therapy failed to reveal any abnormalities.[4,6,7]

Divided Doses Recommended

For best tolerance of the drug, "Mysoline" should always be given in divided doses. Effective control of grand mal, psychomotor, and focal seizures is usually obtained by daily doses of 1 Gm. for adults, and from 0.375 Gm. to 0.75 Gm. for children under eight. Some patients may require higher dosage levels or therapy in combination with another agent. Dosages over 2 Gm. are not recommended. Several authorities suggest that "Mysoline" should not be given in petit mal epilepsy.

In substituting "Mysoline" for another anticonvulsant, it is suggested that withdrawal of the former drug, and replacement by "Mysoline," be carried out gradually, preferably over a period of two weeks or more. In adults and children over eight years, the dosage increase is usually made in 0.25 Gm. weekly steps; in children under eight, in gradual steps of 0.125 Gm.

1. Davidson, D. T.: M. Times *82*:660 (Sept.) 1954. • 2. Forster, F. M.: M. Ann. District of Columbia *23*:137 (Mar.) 1954. • 3. Greenstein, L., and Sapirstein, M. R.: A.M.A. Arch. Neurol. & Psychiat. *70*:469 (Oct.) 1953. • 4. Pence, L. M.: Texas State J. Med. *50*:290 (May) 1954 • 5. Whitty, C. W. M.: Brit. M. J. *2*:540 (Sept. 5) 1953. • 6. Timberlake, W. H., Abbott, J. A., and Schwab, R. S.: New England J. Med. *252*:304 (Feb. 24) 1955. • 7. Doyle, P. J., and Livingston, S.: J. Pediat. *43*:413 (Oct.) 1953.

"Do you think the family doctor can recognize cancer, or is it something a doctor needs special training for?"

	1948	1955
Special training needed	49%	28%
Family doctor can recognize	27	37
Family doctor can recognize in some cases	17	24
Don't know	6	10

"Do you feel that doctors are getting anywhere in finding out about cancer and how to cure it?"

	1948	1955
Yes, progress is being made	71%	79%
Perhaps	12	6
No, they are not getting anywhere	7	3
Don't know	9	9

"If a person thought he might have cancer, would he go to the doctor right away, or would he wait?"

	1948	1955
Go right away	69%	70%
It depends upon the person or situation	8	11
Would wait	21	12
Don't know	1	5

"Could a person have cancer without knowing anything was wrong?"

	1948	1955
Yes	82%	85%
Sometimes	3	5
No	8	3
Don't know	6	6

"Do people catch cancer from one another?"

	1948	1955
Yes	10%	6%
Sometimes	5	4
No	67	74
Don't know	17	15

END

EURAX®
(crotamiton GEIGY)
cream and lotion

GEIGY

Whether the itch is due to sunburn, irritating plant exudations or prickly heat, EURAX provides relief in minutes that lasts for hours ...long enough usually for your patient to sleep the night through.

Nonirritating and nontoxic, EURAX may be used with safety no matter how extensive the lesion. And because it is nonstaining and nongreasy, EURAX can be used on exposed parts without fear of detection.

EURAX® (crotamiton GEIGY) 10% Cream and Lotion.

GEIGY PHARMACEUTICALS DIVISION OF GEIGY CHEMICAL CORPORATION
220 CHURCH STREET, NEW YORK 13, N.Y.

Planning Your Family's Financial Future

[CONTINUED FROM 104]

the new wing he'd thought about adding to the house; a new car for himself; a fur coat for Mrs. Benson.

Then he concluded: "We can do without them, of course. I'd much rather have my family's financial future well in hand. I'll follow the plan you've outlined."

"Perhaps Mrs. Benson would like to . . ." I began.

He interrupted. "I know she'll agree. We've discussed things pretty thoroughly. Let's move right ahead. Could you arrange to have all the necessary papers prepared by the end of the week —say, Saturday night?"

I could and did.

Saturday night at the Bensons' turned out to be quite an affair. The doctor's wife—with a woman's knack for turning a simple formality into a social occasion—had invited all the consultants who'd helped put the financial plan together. It was a sizable group: a lawyer, an insurance man, an investment adviser, the trust officer from the bank, and myself. "I thought we'd have a small celebration," she said. "Like a mortgage burning."

"Mortgage *signing* would be more like it," remarked the doctor, as he contemplated the pile of crisp, legal-looking documents.

A Richer Man

But when the last paper had been duly inscribed, he leaned back with a smile on his face. "Amazing!" he declared. "All those papers I just signed were either to give away property or to increase my monthly expenses. But right now I feel like a richer man than I used to be."

Actually, he *was* richer by some $34,000 in potential tax savings. He was richest of all in the knowledge that his family's future would be the best he could buy. END

If a Doctor Wed a Doctor . . .

[CONTINUED FROM 110]

always the naive person to whom the idea of a woman doctor—especially a *married* woman doctor—is incomprehensible. In Lynn, Mass., not long ago, Dr. Hilda Berenson opened the door of her home to find a man who wanted to see her husband, Dr. William. The man's hand had been badly cut, and it was bleeding so profusely that Dr. Hilda had no alternative but to treat it in her husband's absence. She sutured the cut, dressed it, and then went on to give the patient an anti-tetanus injection.

Next day, the man returned to have the cut redressed. "You sure have a smart office girl," he commented to Dr. William. "She fixed me up fine."

Sometimes, too, the layman's failure to understand the complexities of medicine in a household where two different specialties are practiced can be embarrassing.

In one West Coast family, for example, the man is an obstetrician, the woman a pediatrician. Although they have separate offices, patients turn up from time to time at their home.

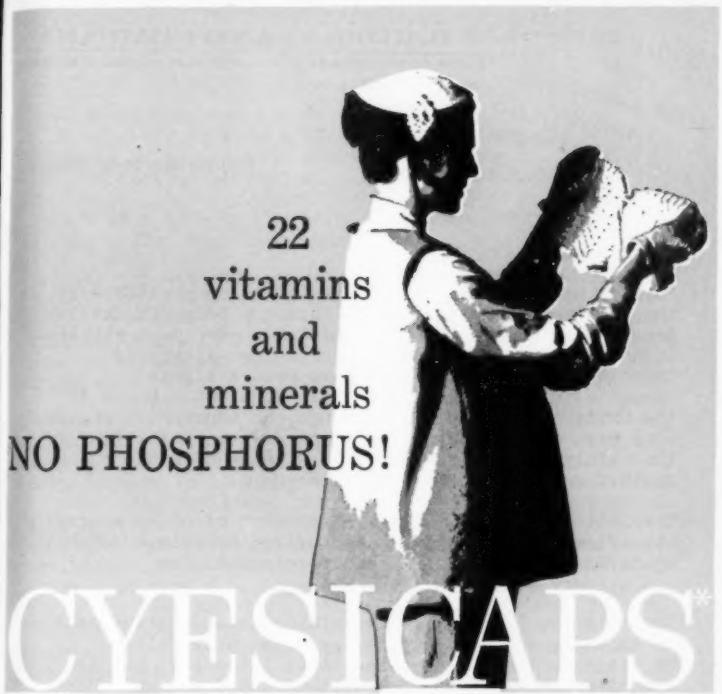
One night, a young man dropped in to show the fetus from his wife's miscarriage to the obstetrician. The obstetrician unrolled the newspaper that had been wrapped around it and temporarily placed both newspaper and fetus in the kitchen sink.

A Stunned Father

"Only a few minutes later," as his wife tells the story, "the father of one of *my* patients stopped by with his little girl. While I was examining the child, the father casually wandered into the kitchen for a drink of water. When he returned, he was a shocked and sick-looking man. And we were too flustered to explain the presence of the fetus in a pediatrician's kitchen."

Their patients seem to make a habit of leaving these doctors speechless. At a recent party, a woman inquired of the Berensons in a clearly audible voice: "Do you really *sleep* together?"

Other harassed but happy medical duos might have applauded lustily if the Berensons had replied: "When we can find the time!" END



PRENATAL VITAMIN-MINERAL CAPSULES LEDERLE

A single prescription for CYESICAPS assures both mother and child the extra nutrients essential throughout pregnancy and lactation. This phosphorus-free formula includes 12 vitamins, 10 minerals, and purified intrinsic factor concentrate. Calcium is supplied as calcium lactate, its most easily assimilated form.

For maximum effectiveness, for greater patient comfort, CYESICAPS Capsules are *dry-filled* and sealed—a Lederle exclusive. No oils, no paste, no aftertaste!

Dosage: 1 or 2 capsules 3 times daily.

dry filled sealed capsules

Six capsules supply:

Calcium (as Lactate)	600 mg.
Calcium Lactate	3720 mg.
Intrinsic Factor Concentrate	1.5 mg.
Vitamin A	6,000 U.S.P. Units
Vitamin D	400 U.S.P. Units
Thiamine Mononitrate (B_1)	1.5 mg.
Riboflavin (B_2)	3 mg.
Niacinamide	15 mg.
Vitamin B_{12}	6 mcgm.
Ascorbic Acid	150 mg.
Folic Acid	2 mg.
Pyridoxine HCl (B_6)	6 mg.
Calcium Pantothenate	6 mg.
Vitamin K (Menadione)	1.5 mg.
Iron (as $FeSO_4$ exsiccated)	15 mg.
Vitamin E (as Tocopheryl Acetate)	6 I.U.
Iodine (as KI)	0.1 mg.
Fluorine (as CaF_2)	0.09 mg.
Copper (as CuO)	0.9 mg.
Potassium (as K_2SO_4)	5 mg.
Manganese (as MnO_2)	0.3 mg.
Magnesium (as MgO)	0.9 mg.
Molybdenum (as $Na_2MoO_4 \cdot 2H_2O$)	0.15 mg.
Zinc (as ZnO)	0.5 mg.

Lederle LEDERLE LABORATORIES DIVISION AMERICAN CYANAMID COMPANY PEARL RIVER, N. Y.

REG. U.S. PAT. OFF.

ANNOUNCING
a new
peace-of-mind drug:
faster,
safer, lower dosages

J. B. ROERIG AND COMPANY
ETHICAL PHARMACEUTICALS • 536 LAKE SHORE DRIVE • CHICAGO 11, ILLINOIS
Division, Chas. Pfizer & Co., Inc.

From the office of the president

Dear Doctor:

For the past several years, Roerig has cooperated with the Belgian chemists of Union Chimique Belge to develop Atarax®, a new and superior ataraxic. European clinical work on the compound has been exciting; literally thousands of case histories have been evaluated. Though clinical investigation of the product began in the United States only a year ago, an impressive number of papers are already being prepared here. All confirm the clinical benefits of Atarax: "peace of mind" induced faster, safer and with lower dosages.

The action of Atarax differs from that of older ataraxics. Specifically, Atarax is characterized by unique cerebral specificity, with central neuro-relaxation as the primary effect.

The "Ataraxed" individual maintains full consciousness of incoming stimuli which trigger his difficulties. He realizes their nature and their intensity, but his reaction becomes that of a well-adjusted person. He is neither depressed nor torpid because of Atarax. His reflexes remain normal, as does his cortical function. Entirely free from cerebral fogging, Atarax induces a calming, peace-of-mind effect without disturbing mental alertness. As you know, this point is extremely important to the patient who must adhere to a productive daily schedule.

Because of these advantages, Atarax should prove extremely useful in your daily practice. Consider, for example, its use in the tense businessman, the anxious geriatric, the hyperactive child, the menopausal female, the refractory ulcer case. Fabing, in fact, estimates that one of every four patients could benefit from ataraxic therapy.

Now, is Atarax safe? The toxicology of the drug has been remarkable. Test after test has shown it to be as safe as the placebo against which it was evaluated. No major toxicity on liver, blood or brain is reported, and no

parkinsonian effects. In geriatrics and in children, the drug has been given especial rigorous investigation. Again, no untoward effects, such as nausea or diarrhea, can be defined.

A slight drowsiness has been reported in some cases. This may very well be a normal state, since the patient, relieved of his tension and anxiety during the day, may be prepared to fall asleep easily and naturally in the evening. However, less than 15% of patients report this effect, and it has not been considered a drawback by the investigators.

You may appreciate another significant Atarax advantage, Doctor: its ready onset of action. Unlike reserpine-type drugs, Atarax will begin to calm tense patients within fifteen minutes. Maximum therapeutic effect is generally reached within two hours, gradually abates, and usually disappears after 6 to 20 hours.

Efficacy, of course, is the extremely important point. As of this writing, it appears that Atarax is effective in from 80% to 90% of all tense patients. Being specifically an ataraxic for the "more normal" patient, however, Atarax is not recommended for use in psychotics or the hospitalized insane. When its use produces limited response, the psychiatric status and the diagnosis should be carefully reevaluated to be sure that one is not confronted with a malignant nervous condition, or a basic organic condition. Encouraging reports on Atarax are now being received on its use in psychogenically-related states (such as eczema, allergy, asthma), but the sizes of the series are not yet large enough statistically for us to report on. The same is true for children under 6.

We have devised a new distribution technique to make certain that your Atarax prescriptions can be filled. Every drugstore in the United States has now received an initial supply of tablets, and steps have been taken to make sure that supplies do not run short. For real peace of mind for your tense patients, prescribe Atarax in the following recommended dosages:

Adults: usually one 25 mg. (green) tablet, t.i.d.
Children: usually one 10 mg. (orange) tablet, twice daily. Adjust as needed, according to patient's response.

Sincerely,

Thos. J. Winn

Thos. J. Winn
President

safe and sure laxation

Agoral relieves constipation gently, without strain. A dose taken at bedtime almost always produces results the next morning. A patient taking Agoral can follow a normal, daily routine because Agoral does not provoke the sudden urge induced by strong laxatives.

Excellent in pregnancy, Agoral's action is gentle and positive, an important consideration especially during the last trimester of pregnancy. Agoral is also well suited in all other cases of acute and chronic constipation, where straining or purges are to be avoided: in children, postoperatively, and in bedridden and older people.

Agoral mixes readily and uniformly with the intestinal contents during its passage through the tract. It aids in retention of fluid in the fecal column, affords lubrication and provides mild peristaltic stimulation. Agoral causes no sudden, uncomfortable griping, distention or stomach distress. Used for prompt relief, it is not habit forming and may be prescribed for protracted periods.

Dosage: At bedtime, ½ to 1 tablespoonful. Contraindications: symptoms of appendicitis; idiosyncrasy to phenolphthalein.

Supplied: Bottles of 6, 10 and 16 fl. oz.; and as Agoral Plain (without phenolphthalein), bottles of 6 and 16 fl. oz.

Agoral®

the laxative to meet all needs

mineral oil emulsion with phenolphthalein

WARNER-CHILCOTT

Home Insurance In a Bargain Package

[CONTINUED FROM 116]

process of switching over is simple enough. Your present policies probably have different expiration dates; but your agent can cancel them all at once and get you a rebate of premium. Or else he can allow you any unused premiums as a credit against the cost of your new package. Your insurance adviser will help you decide whether a credit or a rebate of premium is the better course. In some cases you pay a small penalty when you get a rebate.

Widely Available

One last point: Since both the Homeowner's and Comprehensive packages were designed by national insurance organizations to which most companies belong, almost any company you're now likely to have a policy with is prepared to replace it with a package.

If two or more companies are currently handling your insurance, an independent adviser or a broker will be able to assist you in choosing the best company to write your new, all-in-one contract. END

News

[CONTINUED FROM 24]

medical society with a money problem that even *he* couldn't solve: she owed eight doctors, a dentist, and nineteen business firms. The committee was able to save her family from bankruptcy by getting all the creditors to agree on a monthly payment plan.

¶ Another woman who pleaded indigence, even after her physician had reduced his bill, was made to pay in full. Reason: The committee learned that she'd recently bought a high-priced car.

¶ In at least one case, the grievance committee made its gentle pressure felt outside its own county: When a local patient got a bill for $1,345 from a New York City specialist, the committee "arranged with the physician to have this bill reduced to $275."

Now They'll Insure You Against Rainfall

Ever had a vacation ruined by rain? Now you can get your money back if that happens. San Francisco's Fireman's Fund Insurance Company is issuing policies that protect buyers against excessive rainfall during vacations lasting from fourteen to twenty-eight days.

Here's how the insurance works:

For a 5 per cent premium, you insure vacation expenses of up to $300 a week. On a fourteen-day policy, you're not reimbursed if it rains as few as four days; but for each further day of rain you get a specified percentage return on the insured amount: 10 per cent for five days' rain; 20 per cent for six days' rain; 40 per cent for seven days; up to 100 per cent for ten. On twenty-one and twenty-eight day policies, payments begin after seven and eight rainy days, respectively.

Limitations? Yes. The policy covers only the eighty-eight U.S. areas that have weather bureau stations issuing daily precipitation reports. It defines a rainy day differently in different parts of the country (Miami, .05 inches; Lake Placid, N.Y., .20 inches; etc.). It doesn't cover vacation trips to conventions or sports events attended by more than 500 persons.

And the buyer must be prepared, if necessary, to prove he has spent what he said he would.

Deferred Payments for Strikers Advised

Extend credit freely to patients who are on strike, the Illinois Medical Journal advises its readers. You may wind up with some un-

collectible accounts, it concedes, but you'll also make a lot of friends. And doctors "can't have too many."

Won't such a policy on the part of physicians tend to lengthen labor disputes? The journal thinks not. "After a strike has been called," it says, "the rank and file in a union seldom [have] a chance to vote for its ending until the leaders are good and ready. These leaders do not feel the pinch . . . and as far as they are concerned the strike can go on indefinitely."

National Health Survey And Library Foreseen

The medical profession has long needed a central agency to collect and disseminate data on the nation's health. Now that need may be met:

Before Congress early this summer—and standing a good chance of passage—were two important bills. The first would authorize a continuing survey of the country's health. The second would provide for a national medical library.

Already approved by the Senate, the first bill (tentatively labeled the National Health Survey Act) would direct the Public Health Service to conduct a continuing study of illnesses and accidents that befall the U.S. public. This study, say public health officials, would further immunization, health education, and environmental sanitation; help insurance companies develop new and better health insurance plans; and stimulate preventive medicine. It would cost about $1 million a year and its results would be published quarterly.

The second bill—awaiting action by both houses of Congress early last month—would convert the present Armed Forces Medical Library into a national medical library. The collection would be removed from Defense Department jurisdiction and be housed in a new building. (In its present dilapidated structure, the Armed Forces Medical Library can barely find room for its existing 650,000 bound volumes, let alone the 25,000 new books it adds each year.)

British Doctors Fear More Restrictions

With the National Health Service a well-established fact, the British doctor has been warned that he must guard against still further Government controls. An editorial in the British Medical Journal points to the brand of socialized medicine now practiced in Australia and New Zealand as an example of the kind of "therapeutic dictatorship" that the home country must avoid.

In New Zealand, says the editorial, a patient can get erythromycin free—but only through a hospital and only when he has an infection that fails to respond to other antibiotics. In Australia, all "lifesaving" and "disease-prevent-

ing" drugs are free. But, because of abuses, the Government has restricted the prescription of some of them to certain conditions. Such restrictions "mean in plain language that the Government is dictating to the individual doctor [under just] what conditions he shall be allowed to administer this or that drug on the free list . . .

"What has happened in Australia and New Zealand . . . shows that government will always try to impose controls, as if this were really the proper answer in a free society. When all drugs are consumed free of charge by over 90 per cent of the population, as in Britain, the temptation to impose controls on prescriptions must be very strong . . . The profession must be on its guard lest one day one of those obscure committees in Whitehall tells it just for what diseases certain drugs may be prescribed."

How Cool Is Cool?

If you're wondering what size air conditioner to buy, here's a good rule to remember, according to U.S. News & World Report:

A half-horsepower unit will cool a room with up to 350 square feet of floor space. A three-quarter-horsepower unit will take care of 550. A one-horsepower unit: 700.

But it's apparently best to get a conditioner that's a little too small rather than one that's too large. The magazine points out that the smaller one will probably maintain a more even temperature, because it will tend to run more steadily.

New Picture Book Tells History of Medicine

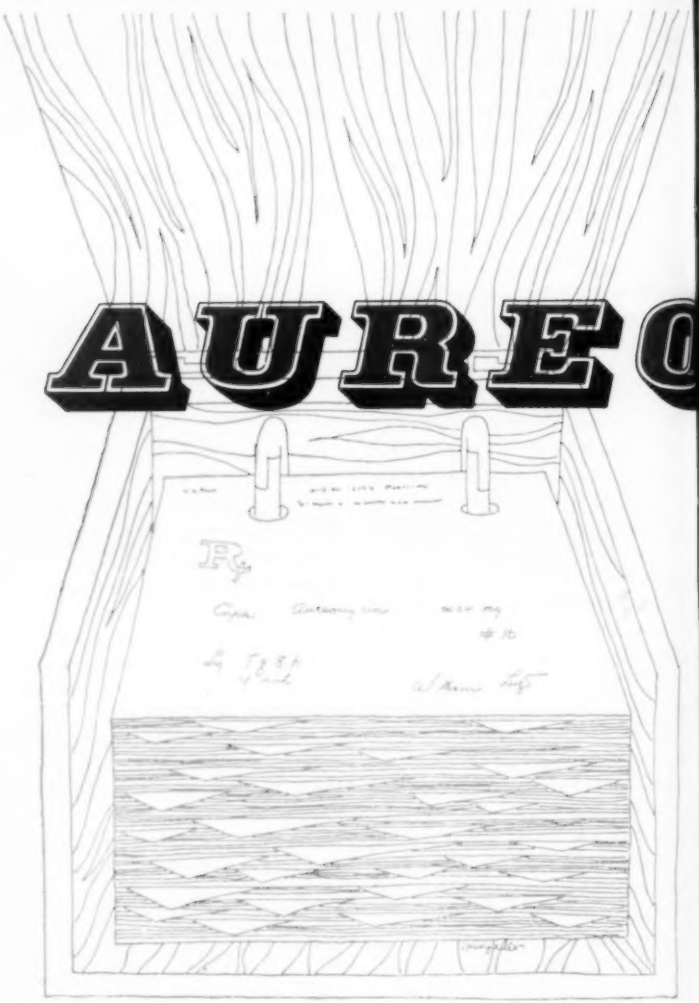
"A Pictorial History of Medicine" has just been published by the Charles C. Thomas Company, Springfield, Ill. Author of the book is Dr. (Ph.D.) Otto L. Bettmann, founder of New York City's Bettmann Archive.

Bettmann

The $9.50 volume (318 pages) provides a scenic trip through medical history from ancient Egypt to the early part of this century. Some of the more picturesque points of interest: "Homer's Battle Surgeons"; "The Arabian Druggist—The First Drug Store"; "Faith Healers and Fake Healers"; "Surgeons Become Gentlemen."

Hindsight Makes the Investor's Mouth Water

News of the latest (2-for-1) stock split scheduled by the Minnesota Mining & Manufacturing Company has prompted some reminiscing about the eye-popping fortunes


AUREOM

MYCIN

Lederle

stands on its record!

ight years of world-wide use . . . ore than a *billion* doses adminis-red . . . millions of patients restored normal health, many saved from ath—this is the unsurpassed record AUREOMYCIN* Chlortetracycline.

AUREOMYCIN, the first extensively scribed broad-spectrum antibiotic, must certainly rank with the major therapeutic agents available.

Thousands of published clinical trials have established its efficacy in combating many kinds of infection. Thousands of doctors give it their highest acclaim by regularly employing it in their practices.

nvenient dosage form for every medical requirement.

ow available:

AUREOMYCIN SF Capsules, 250 mg.

lortetracycline with Stress Formula Vitamins

Patients with Prolonged Illness AUREOMYCIN combines effective antibiotic action with ss Formula vitamin supplementation to ten convalescence and hasten recovery. e capsule, q.i.d., supplies one gram of MYCIN and B complex, C and K vitamins in e Stress Formula suggested by the National search Council. AUREOMYCIN SF Capsules are filled and sealed, contain no oils or paste.

filled sealed capsules

Each capsule contains:	
AUREOMYCIN Chlortetracycline	250 mg.
Ascorbic Acid (C)	75 mg.
Thiamine Mononitrate (B_1)	2.5 mg.
Riboflavin (B_2)	2.5 mg.
Niacinamide	25 mg.
Pyridoxine (B_6)	0.5 mg.
Folic Acid	0.375 mg.
Calcium Pantothenate	5 mg.
Vitamin K (Menadione)	0.5 mg.
Vitamin B_{12}	1 mcgm.

E LABORATORIES DIVISION *AMERICAN CYANAMID COMPANY* PEARL RIVER, NEW YORK

T. PAT. OFF.

made—or missed—by investors in this remarkably successful corporation.

In a review of what it calls "the fabulous history of 3M common stock," Investor magazine points out, for example, that your grandfather could have made you a millionaire simply by investing $300 in the company forty years ago.

At the then current price of $1 a share, he would have acquired 300 shares. Today, because of stock splits, these would have multiplied to 9,600 shares; and each share would be worth well over $100—for a total of more than $1 million.

More than one man's grandfather did just that. And his descendants doubtless burn incense to his memory. But you also hear sad tales of men who owned stock in the company in its early years but couldn't hang onto it.

One story the magazine reports is that of "the $6,000,000 Buick." In this case a grandfather "swapped his whole bundle [of 1,700 shares] for the very latest in horseless carriages, complete with self-starter, electric headlamps, and easy-to-attach rain curtains." Had Grandpa held on, his heirs today would own 54,400 shares and be worth almost $6 million.

Another story from the Investor's bridge of sighs: When cash was low in the early days, employes of Minnesota Mining often got stock, rather than currency, in their weekly pay envelopes. Bartered at the local saloon, a share of stock was worth a shot of whisky. At the time, the swap may have seemed fair enough. Yet every time one of these grandfathers said, "Down the hatch," he did his heirs out of about $3,500.

Doctor Ridicules Fear Of M.D. Shortage

Is there really a doctor shortage? There is not, says Dr. Gordon B. Leitch of Portland, Ore.

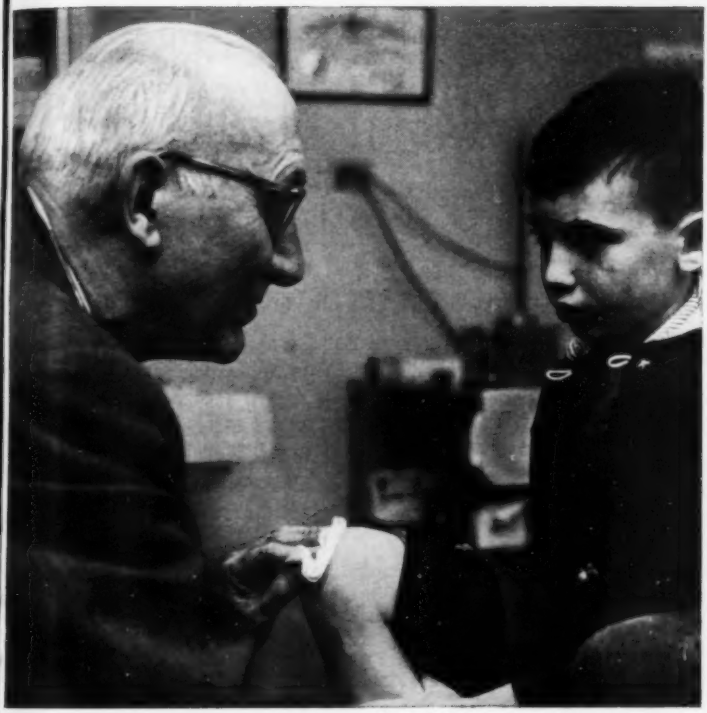
In a recent issue of The Freeman magazine, he quotes Dr. (Ph.D.) Frank G. Dickinson, of the A.M.A. Bureau of Medical Economic Research, as follows: "There is no shortage of doctors now; and by 1960 there probably will be a surplus."

Why, then, have so many government agencies predicted a possible shortage of 20,000 or more doctors within another four years? Dr. Leitch explains such estimates this way: Government and industry need increasing numbers of medically trained personnel—but for technical jobs, *not* the practice of medicine.

"What is meant by 'doctor,' " he says, "is not a practicing physician, but one whose medical training [will let him] discharge duties which in many instances could be equally well or better discharged by nonmedical personnel." END

Index of Advertisers

INDEX OF ADVERTISERS



The gentlest doctors in town

use

Nupercainal®

soothing topical anesthetic

- to control topical pain in minor office procedures and in the removal of surgical dressings.
- to control pain and itching in dermatitis, anorectal disorders, mucocutaneous lesions, chronic ulcers, abrasions, sunburn and other minor burns.

OINTMENT, 1%, in 1-ounce tubes with "peel-off" labels and rectal applicator; 1-pound jars for office use.

CREAM, 0.5%, in 1¼-ounce tubes.

OPHTHALMIC OINTMENT, 0.5%, in ophthalmic-tip tubes of 4.0 Gm. each.

Nupercainal® Ointment (dibucaine ointment CIBA)
Nupercainal® Cream (dibucaine cream CIBA)
Nupercainal® Ophthalmic Ointment (dibucaine ophthalmic ointment CIBA)

2/22140

CIBA
SUMMIT, N. J.

Memo

FROM THE PUBLISHER

Read and Remembered

Last month I told you about some of the requests for MEDICAL ECONOMICS articles that we get from doctors in other countries. This month I'd like to talk about the requests we get from doctors here at home.

The thing that's most striking about the domestic requests is that so many are for reprints of articles we published five, ten, or even twenty years ago. What's more, the doctors ask for these articles by name.

It appears, then, that MEDICAL ECONOMICS articles aren't merely read; they're remembered.

A few weeks ago, for example, a physician wrote to ask for a chart he remembered seeing in our pages back in 1924. The same day we got two separate requests for a short article called "Good Form in Referrals," which was published in May, 1952.

Not long afterward, a doctor ordered a reprint of "Beware of Medical Gobbledygook!" He recalled having read it in January, 1947.

Even more striking is the response to a series of articles that were first printed in 1939: "Letters to a Doctor's Secretary." So many physicians asked about them in so many succeeding years that we reprinted the series in 1951 and finally published it as a book in 1952. We're still getting a stream of requests for it. (You can buy it for $2, if you're interested.)

Or take our coverage of group practice. Articles on this subject have been coming out over a period of more than twenty years. One major series has long been available as a separate portfolio. Yet only last month we got a request for the original article in this series, published nine years ago.

The fact that so many doctors remember so much of what they read for so long a time is a sobering thought. It's one of the things that keep responsible editors and publishers on their mettle.

—LANSING CHAPMAN